Re	gistration Dist. No.
No. MEMORIAL  f death occurred in a horpital or institution, give	re its NAME instead of street and number)
sds. How long in U.S. if of foreig	n birth?ds.
04 144	
St., Ward.	nonresident give city or town and State
	FICATE OF DEATH
21. DATE OF DEATH	
March 1	3, , , 193 <u>4</u> (Year)
22. I HEREBY CE	RTIFY, That I attended deceased from
	+ , to Juarch 13 , 1954
I last saw here alive on the	rech - 13 , 1954; death Is said
to have occurred on the date stated above	.al2:35Pm.
The PRINCIPAL CAUSE OF DEATH and	
were as follows:	Data of onset
Whooping Co	ugh 2/15/34
2/11	2/28/34
(Dronchs Puem	our
13.00	
01. 6.1	
Other Contributory Causes of Importance:	
	***************************************
Name of operation	Date of
What test confirmed diegnosis?	Was there an eu'opsy? 20
23. If death was due to external causes (VI	OLENCE) fill in elso the following:
Accident, suicide, or homicide?	Date of injury, 19
Where did injury occur?	
Specify whether injury occurred in INDU	ecify city or town, county and State)
Specify whether injury occurred in INDO.	SIRT, IN HOME, OF IN PUBLIC PLACE.
Menner of injury	
Nature of injury	
24. Wes disease or injury in eny way relat	ed to occupation of deceased?
If so, specify	
(Signed) 706	Clason AM.D.
(Address > 3 Va aux	Constant Med

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find

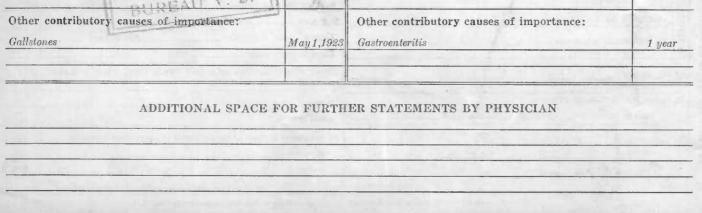
out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - IVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	£5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year



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N N	T.	PI	a y	ck
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Z	DIA	7	os	ctic
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	LIL	no.	SE	*****  ->*
	VR	atio	AU	IOI
0. 1	1	H	C	I
V. S. No. 1	N. BWRITE FLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
>	Z	1	1	

V. S. No. 1

-	STATE OF MARYLAND—  1. PLACE OF DEATH  WITHIN CORPO	CERTIFICATE OF DEATH 02201
	County ALLEGANY	Registration Dist. No. 4
	Village or City_CUMBERLAND, MD. MEMORIA	AL MOSPITAL. St., 6 / Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred vrs mos	ideath occurred in a horpital or institution, give its NAME instead of street and number)
	2. FULL NAME DONALD ABNER ALLEN	-10
-	(a) Residence: No. R.F.D.#4 CUMBERLAND, I	VID at West
	(a) Residence: No. (Usual place of abode)	€t., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE MALE WHITE SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF REATH MARCH 15, 1934 (Month) (Day) (Year)
	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of	22 1 HEREBY CERTIFY. That I attended deceased from
	6. DATE OF BIRTH (month, day, end year) MARCH 30. 1933	Hast saw here alive on March 5, 1934; death is said
-	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date steted above, et II; 35 mP . M. The PRINCIPAL CAUSE OF DEATH end related causes of importance
	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which	Were as follows? Out of one of Out of one of Out of one of Out of
	kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spant in this	
-	12. BIRTHPLACE (city or town) MARYLAND	Other Contributory Causes of importance:
	(State or country)	
	13. NAME WILLIAM ALLEN  14. BIRTHPLACE (city or town) WEST VIRGINIA	
	14. BIRTHPLACE (city or town) WEST VIRGINIA	Name of operation
	(State of country)	What test confirmed diagnosis?
	15. MAIOEN NAME VIOLA BISHOP  16. BIRTHPLACE (city or town) MARYLAND (State or country)	23. If death was due to externel ceuses (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
	17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MD.	Where did injury occur?
	18. BURIAL, CREMATION, OR REMOVAL Place Spring 40 hed Date man 17, 1934	Manner of injury
1011	19. UNDERTAKER Cargin Stein Tue (Address)	24. Was disease or injury in any way related to occupation of deceased?
	20. Albarch 16, 1934 Narwey & Mers	(Signed) 1 Was all Sunksland M.D.
DU	. C. L. OWENS If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis CE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
RUBERT Y **				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1928	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

state JPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	200
	1. PLACE OF DEATH	Wa .	
ould	County Ullianny WITHIN COR	PORATE LIMITS Registration Dist. No.	
should of OCC	Village or City Landend.	No. Germanal Hapital St., 6	-/ Ward
0		death occurred in a hospital or institution, give its NAME instead of street and n	
PHYSICIANS ict statement	2. FULL NAME Filliam & Allen	16-	
ICI		PIII + 16	
rYS	(a) Residence: No. (Usugh nace of abode)	St., Ward. If nonresident give city or town and	State
PExact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Ex.	3. SEN  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( & rite the word)	21. DATE OF DEATH	
L.	male white smale	(Month) (Day)	193. (Year)
A C T assified	5a. If married, widowed, or divorced HUSBAND of	22 LUEDERY CERTIES THAT	
A (	(or) WIFE of	Ten 20 134 . Alah.	leceased from
N 2	6. DATE OF BIRTH (month, day, and year)	Hast saw how alive on warch y 1934	: death is said
	7. AGE Years Months Days LESS than	to have occurred on the date stated above, at 1.0 _a_m.	, 4640113 3411
stated properly sertifica	4 6 15 or hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
	8. Trade, profession, or particular	wele as lollows:	Oate of onset
be of	SAWYER, BOOKKEEPER, etc.		Feb
ould may back	9. Industry or business in which	Jufluenza Jummina	15
sho it n on b	SAW MILL, BANK, etc	, I U	
M + 0	this occupation (month and spant In this year)		
	12. BIRTHPLACE (city or town) Shring Joh ()	Other Coutributory Causes of importance:	
d. , so ructi	(State or country)	alementary Intoxiculis	
applied. terms, e instru	II 13. NAME It my & hellen	themesting ,	Ten 2
- C	14. BIRTHPLACE (city or town)	Name of operation Date of	
05 E.	(State or country)	What test confirmed diagnosis? Was there an a	J'0psy?
carefully si 'H in plain ortant. See	15. MAIOEN NAME / Was Bistop	23. If death was due to external causes (VIOLENCE) fill in also the following:	
	16. BIRTHPLACE (city or town) Deletron 1	Accident, suicide, or homicide? Date of injury	, 19
AT npo	State or country)	Where did injury occur?	
	17. INFORMANT Y. J. Millery.	(Specify city or town, county and State Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	CE.
Should OF D	(Address) R R D D 4		
E	18. BURIAL, CREMOTION, OR REMOVAL	Manner of injury	
mation s CAUSE TION is	9/1/ H a	Nature of injury	
ma C.A T.I.(	19. UNOERTAKER Affinio Affini Inc.	24. Was disease or injury in any way related to occupation of deceased?	
	(Address)	Is so, specify	<u></u>
(T)	20. FILE Clarch 3, 1954 Harriey Men	(Signed)	М. І
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	un

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

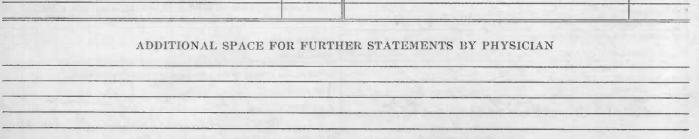
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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1634	15		
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year





1. PLACE OF DEATH	93.0
County Allegann WITHIN CORP	ORATE LIMITS / Registration Dist. No.
Village or City Cumberland	No. 11 1 Smith St. 6-2 Ward
Length of residence in city or town where death occurred 4 Oyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME homers appel	
(a) Residence: No. /// Swith	St6- 2Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mile white manual (waite the yord)	(Month) (Day) (fear)
5a. If merried, widowed, or Porced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I thended deceased from
6. DATE OF BIRTH (month, day, end year) Ana 2 1854	I last saw h im alive on Fuerch 19, 1904; death is seld
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 5 2 m.
84 7 27 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Date of onset
SAWYER, BOOKKEEPER, etc.	Gangreen of right foot 1933
work wes done, as SILK MILL, Rail Hay.	V
11. Total me (yeers) this occupation (month end year) 11. Total me (yeers) this occupation coupetion	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Myocardilis Chronic 1932
13. NAME Showel Refel	( Seme (B) to A)
(State or country)	Name of operation Date of Was there an autonsy?
15. MAIDEN NAME Theresal —	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Than I appel	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marling 1 1971, 1934	Nature of injury
19. UNDERTAKER Amin Stein me	24. Was disease or injury In eny way related to occupation of deceased?
Marilian adilliantendi	(Signed)

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Registrar.

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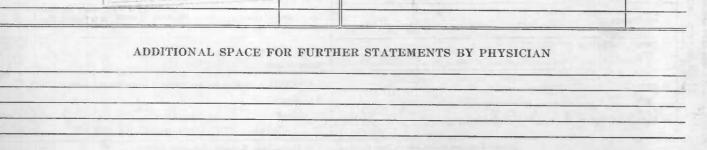
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i	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
ALC: Y	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	



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1	r	~	1	V	- 31

1. PLACE OF DEATH  WITHIN CORPO	BATE LIMITS
Village or City Carrotesland.	No. 410 Parallel St., 3 Wa f death occurred in a horpital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Will Ward 10 a	rnard.
(a) Residence: No. 4/D (Usual place of abode)	St., 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SHX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mar. 193 4 (Month) (Day) (Yéar)
5a. If married, widowed or divorced HUSBANO of (or) WIFE of Comma & Galler.	22. I HEREBY CERTIFY, That I attended deceased from 1933 to 2000 2000 2000 2000 2000 2000 2000 2
6. DATE OF BIRTH (month, day, and yeer) 2 4 1861  7. AGE Years Months Days If LESS than	I last saw have alive on Wh 70, 1924; death is so to have occurred on the date stated above, at 90m.
1 day,hrs. ormin.	
kind of work done, es SPINNER, h. Langunger	193
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Borden Straff (State or country)	Other Contributory Causes of Importance:  (mouse nephrit
13, NAME - Barnard.	Torquery Henry William
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Stage Started.  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Purs Ward Barnard.  (Address)	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Proceedings of the Company 29, 1934	Manner of injury
19. UNOERTAKER Loriso Stim Inc.	24. Was diseese or Injury In any wey related to occupation of deceased?
20 Reserve 8, 193 & Harris & Merina.	(Signed) Skall from M.  (Address) lever has found me

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

FOR BINDING

MARGIN RESERVED

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLAINLY,

V. S. No. 1

7. PHYSICIANS should state Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilevsu 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance; Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	-------	-----	---------	------------	----	-----------

1	. PLACE OF DEATH		8
	County allegan		Registration Dist. No.
	Village or City	fto	NoSt.,!
	Length of residence in city or town where death o	ccurredyrsmo	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmos
2	FULL NAME The Mars	18	(=)
	(a) Residence: No.	- June	of was first mel
-	(a) Residence. No.	Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 5		NGLE, MARRIED, WIDOWED, R DIYORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Yea
5a.	If married, widowed, or divorced HUSBAND of		
	(or) WIFE of		I HEREBY CERTIFY. That i allended deceased
6 1	DATE OF BIRTH (month, day, and year)	1. 23 1934	Harte 23, 1934, 10 March 23, 196
7. /		Days If LESS than	to have occurred on the date stated abova.
	- Willes	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	ormin.	were as follows:
9	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Tremature 1.1
CCUPATION	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
2	SAW MILL, BANK, etc  10. Data deceased last worked at	11. Total tima (years)	
Õ	this occupetion (month end year)	spant in this	
	9	7. 1	Other Contributory Causes of Importence:
12.	(State or country)	m	-
ER	13. NAME Formand	Barton	
FATHI	14. BIRTHPLACE (city or town)	iton 1	Name of operation
	(State or country)	and.	What tast confirmed diagnosis Quincal Was there an autopsyl
HER	15. MAIDEN NAME Coma de	I elle	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5	16. BIRTHPLACE (city or town) Wale	Summet	Accidant, suicide, or homicide? Data of injury, 19_
2	(State or country)	ma	Where did injury occur?
17.	INFORMANT Alexander (Address)	Barton	(Specify city or town, county and State) Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL CREMATION, OR REMOVAL	2-22- 411	Manner of Injury
	Plate Date	1927	Nature of injury
19.	UNDERTAKER Herman (Addiess)	parlow.	24. Was disease or injury in any way related to occupation of decaased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	4,2415
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

FOR BINDING

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLANDER	CERTIFICATE OF DEATH 02206
1. PLACE OF DEATH	(10)
County All Many	Registration Dist, No.
Village or City while and	No. All huy Worked St., 4 Ward feath occurred in a habital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME To thel Bales	
(a) Residence: No. 1/2 N Sparrage (Usual place of abode)	St., / Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Small 8.	21. DATE OF DEATH MAR RA 1934
5a. If married, widowed, or divorced HUSBANO of	(Month) (Day) (Year)
(or) WIFE of	22.   HEREBY CERTIEY, That I attended deceased from
10,016 1919	mar 18/4/ ,1934, to mar 44 , 1934
6. DATE OF BIRTH (month, day, and year) ALC /8 / 77  7. AGE Years Months Days If IFSS than	to heve occurred on the date stated above, at 100 4 m.
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, at
27 0 ormin.	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Osto of one 3-16-3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month and spant in this	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) while and (State or country)	
13. NAME Ernest Bater	
(State or country)	Name of operation Date of Date of
15. MAIDEN NAME FLORENCE DOLLE	What test confirmed diagnosis? Llunch Al Was there an autopsy? Ho
	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
Mas Fant + Parter	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT // W Skruce St Cut	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sumer Clm Date 3/24/ 1934	
19. UNOERTAKER 9. S. Butter	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?
(Address) (muland mu	If so, specify
20, Albert at, 1934 Harrey & Melle Registrar.	(Signed) Las Hun 1 Janes M. D.  (Address) + O. M. Full 21 5 5 7.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

CTATE OF MADVI AND

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	97	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 RUMEAU V.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Name and the state of the state			

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

-WRITE

02207

1. PLACE OF DEATH	WITHIN CORPO	PATE LIMITE 107-02		16
Village or City Charle	trand	No. Meuro		t.,6 -/ Ward
Length of residence in city or fown where d		death occurred in a hospital or institution.  ds. How long in U.S. if of	on, give its NAME instead of street foreign birth?yrs	
2. FULL NAME Alex	w & Bis	liop		
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or tow	vn and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CE	RTIFICATE OF DEAT	ТН
3. SEX 4. COLOR OR RACE What What	5. SINGTE, MARRIED, WIDOWED, OR IVORCED (write the word)	21. DATE OF DEATH	(Month) (Day)	, 193 4 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	6-1	22. MARREBY	CERTIFY, Wint ! att	ended deceased from
6. DATE OF BIRTH (month, day, and year)	Pet 20 1933	1	19 Marsh 19	37; death is said
7. AGE Years Months 5 6	Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:		e Date of onset
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Naie	Brovekopus	ensula	Models
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc				
ID. Dato deceased last worked at this occupetion (month and year)	11. Total time (years) spant in this occupation			
12. BIRTHPLACE (city or town) (State or country)	d pir	Diher Contributory Causes of import	etutes	
13. NAME Newton a	Bishop	N	na s	/
14. BIRTHPLACE (city or town) (State or country)	nd	Name of operation	Dat Was the	re an autopsy?
15. MAIDEN NAME	Leets	23. If death wes due to external cause		
O 16. BIRTHPLACE (city er town)	nud	Accident, suicide, or homicide? Where did injury occur?	Date or injury	, 19
17. INFORMANT Newtone ac	Bishop MA	Specify whether injury occurred in	(Specify city or town, county as INDUSTRY, in HOME, or in PUBL	nd State) LIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Auro Meuro	246de 3/ p/1 , 1934	Manner of injury	5	
19. UNDERTAKER Courses (Address)	Hour fue	24. Wes disease or Injury in any we		d? (VØ
20 Barch 20, 193 4 Tol	erwy Mess	(Signed) (Address)	Cumba sus. H	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

hap grant

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	s chickers of the second of th	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis (	1915	Attack of epilepsy	1 week ago
Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 6 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed,

address Stata Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.



(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocer," etc., should be used only when needed. As examples: (0) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) (a) Foreman, (b) Automobile factory. The nature of the husiness or industry, and therefore an state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DRATES guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the laborer, Housemaid, etc. If the occupation has been changed whatever, write Nonc. For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. without more precise specification as Doy material Grocery; Wom-

spinal meningitis"); Diphtheria (avoid use of "Croup fever (the only definite synonym is "Lpidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the Dis to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Chronic interstitud nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Careinoma, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions, (secondary or intercurrent) diseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all Whooping as fracture of skull, and consequences (e. g., sepsis, táinnus) may be stated under the head of "contributory." carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature cough; "Marasmus," "Old Age," "Shock," Chronic valvular heart affection need not

data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. permanently filed. If this certificate is looked over thoroughly and all questions

N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02209
1. PLACE OF DEATH	10
County allegheny	Registration Dist. No.
Village or City Luke Ima	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
00 0 7 10	)
2. FULL NAME Charles J. 13 oon	
(a) Residence: No(Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH March 4 1934 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(OI) HHEED May Smoot Boon	22. 9 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Wice, 28-1845)	I last saw h ain alive on Munch 4, 1934; deeth is seid
7. AGE Years Months Days If LES than 1 day,	to have occurred on the date stated above, at
62 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Prade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jogperlessing tilling selen
7. Industry or business in which	Custing Mefferens Orions
SAW MILL, BANK, etc. Va Pup+ Paper C	ypans menia
11. Total wine (years this occupation (month and year)	
12. BIRTHPLACE (city or town). Soons Will	Other Contributory Causes of importance:
(State or country) Va	7000
13. NAME John Boon	
14. BIRTHPLACE (city or Own) Brown Will	Name of operation Date of
(State of country)	What test confirmed diagnosis? Ohypreal figns Was there an au'opsy? 22
16. BIRTHPLACE (city or town) Rosson Will	23. If death wes due to external causes (VIOLENCE) fill in also the following: 200
5 16. BIRTHPLACE (city or town) U (Losses Will	Accident, suicide, or homicide?
E (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mas May Joon (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Philos.  Place Westing of the Date May 7, 1934	Manner of injury
19. UNDERTAKER W. H. Franch	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Predmontum	If so, specify Q PO On 10
20. FILED Mar 7, 1934 allembaken	(Signed) Carlot 6/12 on M. D
Registrar.	(Address) Viedwort WZa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

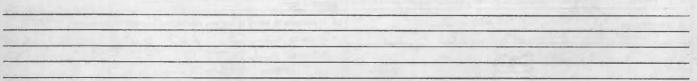
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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of evilensu	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:





vî.

	1PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Vi	2FULL NAME SAA HOUSE	St.: Ward)  (If death securred in a hospital or institution, give its NAME insteed of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	SEX  4 COLOR OR RACE  5 SINGLE, MARRIED, WIDOWCO OR DIVORCED (Write the word)	16 DATE OF DEATH WY - 5 , 19234 (Month) (Day) (Year)
6	March 3, 1858  (Month) (Day) (Year)	that I last sow H Wallve on MAN 1925.
7	If LESS than I day hrs. or min.	The CAUSE OF DEATH * was appollows:
366	occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country)  He derick Md	(Duration) 3 yrs mos de.  Contributory My Cardul Secondary  VS4 (Duration) yrs mos de.
PARENTS	10 NAME OF FATHER DECOULT ABOUT A.  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME COUNTRY SURVEY  OF MOTHER, COUNTRY SURVEY  12 MAIDEN NAME COUNTRY SURVEY  13 MAIDEN NAME COUNTRY SURVEY  14 MAIDEN NAME COUNTRY SURVEY  15 MAIDEN NAME COUNTRY SURVEY  16 MOTHER, COUNTRY SURVEY  17 MOTHER COUNTRY SURVEY  18 MOTHER COUNTRY SURVEY  19 MOTHER COUNTRY SURVEY  19 MOTHER COUNTRY SURVEY  10 MOTHER COUNTRY SURVEY  11 BIRTHPLACE  11 BIRTHPLACE  12 MOTHER COUNTRY SURVEY  12 MAIDEN NAME COUNTRY SURVEY  12 MOTHER COUNTRY SURVEY  13 MOTHER COUNTRY SURVEY  14 MOTHER COUNTRY SURVEY  15 MOTHER COUNTRY SURVEY  16 MOTHER COUNTRY SURVEY  17 MOTHER COUNTRY SURVEY  18 MOTHER COUNTRY SURVEY  19 MOTHER COUNTRY SURVEY  19 MOTHER COUNTRY SURVEY  19 MOTHER COUNTRY SURVEY  10 MOTHER COUNTRY SURVEY  11 MOTHER COUNTRY SURVEY  11 MOTHER COUNTRY SURVEY  12 MOTHER COUNTRY SURVEY  12 MOTHER COUNTRY SURVEY  13 MOTHER COUNTRY SURVEY  14 MOTHER COUNTRY SURVEY  15 MOTHER COUNTRY SURVEY  16 MOTHER COUNTRY SURVEY  17 MOTHER COUNTRY SURVEY  18 MOT	(Signed) M. D.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
14	State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)	At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence
18	(Address) M Cug & Mg' Filed 3/6 1934 N Registra	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  NEW S., 19 3.7  20 UNDERTAKER  ADDRESS  T, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cool, Ilousemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (0) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesempation is very important, so that the relative health Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Doy If the occupation has been changed

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature discases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age, atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," American Medical Association.) letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., ef . . . . . . . (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely State cause for which surgical operation was under-(secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; Never report mere symptoms or terminal condiinterstitial nephritis, Chronic etc. valvular heart The contributory " "Shock,"

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

FOR

ARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	n. n	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
V. S.			
Other contributory causes of importance:	2	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYSICIAN
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TION is very important.

M.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

(1)	6)	1)	1	2
U	4	4	J	2

1. PLACE OF DEATH		OBATE LIMI	10		,
County Allegans.	MITHIN CO.		(131) Registration	Dist. No.	
Village or City Content	Pa 0	No. 212	1. 4.0	Are St. 5	Mond
Village of City	(If	death occurred in a ho	epital or institution, give its NAM	E instead of street and num	
Length of residence in city or town where dea	th occurred 4 yrs. mos	ds. How lo	ng In U.S. if of foreign birth?	yrsmos	ds.
2. FULL NAME Asmisa	Bond.				
(a) Residence: No. 2-12 Cu	ntral are-	St., 5 W	/ard.		
	(Usual place of abode)		If nonresiden	nt give eity or town and Sta	ite
PERSONAL AND STATISTIC	AL PARTICULARS	ME	DICAL CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF		10	/
Hongle Monte	Indonced		(Month)	(Day)	93 4 (Yeer)
5e. If married, widowed, or divorced HUSBAND of	11 72 1	00 0 1 11			
(or) WIFE of William	M. Doya	22. Jan. H	EREBY CERTIF	~	- /
	1 12 1812	I lest sew h	n. 1 G	, 19.3×4; d	., 19.3.
6. DATE OF BIRTH (month, dey, end year)  7. AGE Years Months	Days If LESS than		the date stated ebove, at		eeth is seid
7.0	2 7 1 day,hrs.		USE OF DEATH end releted reu		
8/Trede, profession, or particular	ormin.	were as follows:	emi Con	D	ate of greet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Immerile	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	F		melo G
I Industry or business in which	1 - 1	100	with Or los	rues (	
work wes done, es SILK MILL, Ou SAW MILL, BANK, etc.	1 Home	Chronic	260 4 2 0	. 60	84-
O 10. Date deceesed last worked et this occupation (month and	11. Totel time (years) spent in this				
yeer)	occupetion	-	Causes of importance:		
12. BIRTHPLACE (city or town)	1			^	-47
(Stete or country)	•	079	ance Lest 1	Jusan	man
II 13. NAME John Was	20				-/
13. NAME / M	2	Name of operation_		Date of	
(State or country)	nd.		diagnosis?		nsv?
15. MAIDEN NAME Somme de	leacon		to external causes (VIOLENCE)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
15. MAIDEN NAME Any 11. 16. BIRTHPLACE (city or town)	P		homicide?		19
≥ (Stete or country)	101	Where did injury oc	cur?		
17. INFORMANT Imo albert It	retel	Specify whether inju	(Specify city o ury occurred in INDUSTRY, in H	or town, county and State) OME, or in PUBLIC PLACE	
(Address) Comberl	and.				
18. BURIAL, CREMATION, OR REMOVAL	nu man 12 . 311	Manner of injury			
Tiece, of the fixed the	()	Nature of injury			
19. UNDERTAKER Somo Sterns	Toles.	24. Was diseese or in	njury in eny way related to occu	petion of deceesed?	
(Address) Emmh	spand -	If so, specify	flore	M	
20 Ale Darch 12, 193 4 ON	run Allen	(Signed)	1 100	100	M. D.
1	Registrar.	(Addres	s)	1 mg pue	

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

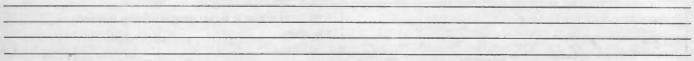
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





V. S. No. 1

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STATE OF MARYLAND—  1. PLACE OF DEATH  County ALLEGANY  WITHIN CORPORATION  ALLEGANY	CERTIFICATE OF DEATH  02213  RATE LIMITS  Registration Dist. No.
	death occurred in a frontial or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME SAMUEL BRADFORD	
(a) Residence: No. 418 WASHINGTON ST CUI	MBERLAND, WID  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  MARRIED	21. DATE OF DEATH  MARCH 16, 1934  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ELEANOR ROBERTS BRADFORD	22. 1 HEREBY CERTIFY That I attended deceased from 2. 24. 1934, to 5-16-, 1934
6. DATE OF BIRTH (month, day, and year) SEPT 2I IS9I  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation	I last saw h Ataliue on 3 19 4; death is said to have occurred on the date stated above, at 5 45 A M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:  Date of onset  Date of onset
12. BIRTHPLACE (city or town) MARYLAND (State or country)	Other Contributory Causes of importance:
13. NAME SAMUET, W. BRADFORD  14. BIRTHPLACE (city or town) WARYT, AND (Stete or country)	Name of operation Date of What test confirmed diagnosis? That It - Was there an au'opsy? No.
15. MAIDEN NAME CORNELIA NORRIS	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME CORNELIA NORRIS  16. BIRTHPLACE (city or town) MARYLAND  (State or country)	Accident, suicide, or homicide?
17. INFORMANT MEMORIAL HOSPITAL  (Address) CHMBERLAND, MD  18. BURIAL, CREMATION, OR REMOVAL  Place From Hole Cam Dale From 18, 1934	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNDERTAKERIMO Stein Sma (Address) Comberland	24. Was disease or injury in any way related to occupation of deceased?
20, File March 17, 1934 Samue A Menas	(Signed)

DR.WILLIAM

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 6 1684				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

N. B.

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH
SIAIL	OI	MARILAND	CERTIFICATE	U	DEAIN

10	6)	2	1	78
U	4	4	1	12

1. PLACE OF DEATH	WITHIN CORP	OHATE LIMITS (E3)	1
County Allega		Registration Dist. No.	
Village or City Bunkerlan		No latomac Siner S	
Length of residence in city or town where death occu		f death occurred in a hospital or institution, give its NAME instead of stree	
2. FULL NAME attanles	Bradley		
(a) Residence: No.	res	St.6-2 Ward.	
	ual place of abode)	If nonresident give city or tow	
PERSONAL AND STATISTICAL F		MEDICAL CERTIFICATE OF DEAT	гн
	LE, MARRIED, WIDOWED,  IVORCED (write the word)	21. DATE OF DEATH	-/
male White m	assied	(Month) (Day)	(Year)
5a. If married, widowed, or divorcad HUSBAND of	ži,	22. I HEREBY CERTIFY That Letter	
(or) WIFE of Elizabeth as	nally	22.   HEREBY CERTIFY, That I etter than \$, 1934, to	
6. DATE OF BIRTH (month, day, and yeer) July	30 1877	I lest sew h elive on, 19	; death is said
7. AGE Years MonUs D	ays If LESS than	to have occurred on the deta stated above, atm.	
56 7 !	3 l dey,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and releted causes of importence wara es follows:	
Z St. Irada, profession, or particular			Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	sovarker	Diamina.	
9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, etc.			
	T.A.I.A.	Potomas Riose	
this occupation (month end	Total time (yeers) spent in this occupation	arridental	
	0	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	2 9		
	and I		
14. BIRTHPLACE (city or town)	radle	•	
14. BIRTHPLACE (city or town)	20 //	Name of operation Date	e of
(Stata or country)	yeand	Whet test confirmed diegnosis? Was ther	e an autopsy?
15. MAIDEN NAME Collen John	yee !	23. If death was due to externel causes (VIOL ENCE) fill in also tha fol	lowing:
16. BIRTHPLACE (city or town)	The land	Accident, suicide, or homicida? - Quillet T. Deta of injury	ras 3, 19,34.
(State or country)	und	Where did Injury occur Lean Blue Bridge	Jamberlan
17. INFORMANT Green lehanter Do	alker	(Specify city or town, county an Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL)	IC PLACE.
(Address) Colerel an	of mid	Setomas Que	)
18. BURIAL, CREMATION OF REMOVAL	m.	Manner of injury	
Place I Valle Data	mar 6 ,1934	Natura of Injury	
19. UNDERTAKER Lamin Stein	In.	24. Was disease or Injury In eny way releted to occupation of decease	d?
(Addiess) la leulan	d mad	It so, specky	2
20. Free larch 5 193 & Harry	Mh	(Signer ) les	J CRUMD.
Lo, 19-10 menter de la constante de la constan	Registrar.	(Addresse temberland ?	rol ful
If more blanks are	needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

AN



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V. S. No. 1

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APR 6 1934			
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ADDITIONAL SPACE FOR FURTHER S	STATEMENTS BY PHYSICIA	N
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# CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from taborer, Farm laborer, Laborer—Coul mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Housemaid, etc. to report specifically the occupations of er," etc., Civil engineer. Stationary fireman, etc. But in many Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. At Home, and children, not gainfully emwithout more precise specification as Day Compositor, Architect, For persons who have no occupation If the occupation has been changed Locomolive engineer, (b) persons en-Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");
Lobar presumania, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Lpidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS time and causation), using always the same accept-

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> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, American Medical Association.) approved Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; · · · · · (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as by Committee on Nomenclature cough; Chronicetc. valvular heart diseasc The contributory Sarcoma,, etc., of

answered in defail, it will prevent further correspondence. A i the data is essential and must be obtained before the certificate is BUREAU filed. If tils certificate is looked over thoroughly and all questions

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02217
1. PLACE OF DEATH	
County allegany	Registration Dist. No. 1
Village or City Modeland	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
200	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME John B. Clise	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Wale  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 27 h 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Mary E. Elise.	22. IHEREBY CERTIFY. That I attended decased from much 19 1934, to much 27 1934
6. DATE OF BIRTH (month, day, and year) Feb 2 4. 1864.	I last saw h wir alive on march 26 th , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
70 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
8 Trade profession or particular	John preumonia Date of onset
kind of work dona, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, Vegetal Qa + Dairy.  SAW MILL, BANK, etc.	
1D. Oate deceased last worked at this occupation (month and 19, 100)	
12. BIRTHPLACE (city or town) Clarys vello	Other Contributory Causes of Importance:
(State or country)	
13. NAME not known	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy? Was there are a was the w
15. MAIOEN NAME . O Color 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT & Lucy Clise (Address) midle with	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOYAL	Manner of injury
Place allegany am Date Stank 301934	Nature of injury
19. UNOERTAKER Jacob Jalen	24. Was disease or injury in any way related to occupation of deceased?
(Address) Otrosland, und-	If so, specify Oranget
20. FILED March 2819 34 & Staken Registrar.	(Signed) Mr. A. D. (Address) Millauf. ml

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

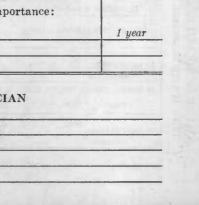
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," hut give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II			
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
	<u> </u>		1		

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN



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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salcsman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile fuctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Screant, Cools, household only (not paid Housekeepers who receive a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the his-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Examples: Accidental drowning; Struck by railway traincurbolic acid - probably suicide. The n ture of the injury, American Medical Association. approved by Committee on Nomenclature of the (Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (c. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicucmia," "PUERPERAL peritonitis," etc. unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronie interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (secondar/ "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiname origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be ass important. Example: Measles (disease Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

19:4

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied.

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PL	ACE OF DEAT	н	W	THIN CORF	PORATE LIMITS
Co	ounty	legas	my	,	Registration Dist. No. 144
Vil	lage or City	1-62	niker	land	No. 791 Cleveland aust, War
Ler	ngth of residence In city	or town where d	eath occurred		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U. S. if of foreign birth?yrs
2. FU	LL NAME	2.	net 1	Variation	61
	) Residence: No.	2/01/	Plene	and the	St. Ward.
		7	(Usual place of		If nonresident give city or town and State
3. SEX	ERSONAL AND		5. SINGLE, MARR		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Lane	eals (h	-/-	OR DIVORCED	(write the word)	Library 13 193 4
5a. If marr	ried, widowed, or divorc	ed ed	Xu	ga -	(Month) (Oey) (Year)
	BANO of WIFE of		1		22.     HEREBY CERTIFY, That I ettended deceased from
		On		~ /	Water 13 193 10 More 4/3 19 3
7. AGE	OF BIRTH (month, dey, a	and yeer) Months	Oays	If LESS than	I last saw to give on the date stated above, at
		-		I day 8hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance
Z & Tr	ade, profession, or pert	icular	1	Or.4=0_min.	were as follows:
10	kind of work done, as SAWYER, BOOKKEEPE	R, etc		·	Trymolere bulls.
A No. 10	dustry or business in v work was done, as SIL SAW MILL, BANK, etc	vhich _K MILL,			Charl' 6 mo ge station
OCCUPATION 201	ate deceesed last worke this occupation (month	ed at	11. Total tim	ie (years)	
	year)	and	occup	ation	Other Carbollat -
	PLACE (city or town)	Lum	herla	ud, A	Other Contributory Causes of importance:
	ate or country)	0	311	md	
13. NA	AME XXIIII	and st	Cruss	293	
[ 14. BI	RTHPLACE (city or town (State or country)	n)(1)		(2)	Name of operation Oate of
œ   15. M/	AIOEN NAME	rt-hos)	Allas	ne near)	What test confirmed diagnosis?
표	RTHPLACE (city or town	NACO	NISTURE .	many_	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
¥ 10. BI	(Stete or country)	9	irgin	ia	Where did injury occur?
17. INFORM	MANT MANT MANT	B. G	Burney	King	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIA	CREMATION, OR REM	TOVAL	On.	0 1	Manner of Injury
Ple	1 The feet	eland a	Oato Marca	014,1034	Nature of injury
19. UNDER		n 13 6	Lycan	for A	24. Was disease or injury In any way related to occupation of deceased?
Que	ddress)	X OA	gerlas	m	If so, specify (Signed)
20 PILED	Buch 1.3., 19.	34 1100	Bacy X	Registrar.	(Address) Carabine M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
APR 6 1934					
Other contributory causes of importance: V. S.		Other contributory causes of importance:	astella f		
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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1. PLACE OF DEATH	CERTIFICATE OF DEATH 02220
County Allegann .	RATE LIMITS (8)
Village or City Cumbuland	No. 122 Columbia St. 3 Ward
Length of residence in city, or town where death occurred.	death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME James A Cum	ingham
(a) Residence: 40. / 2 7 Columbia (Usual place of abode)	St. 3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OD RACE S. SINGLE MARRIED, WIDOWED, OR D. WORCED (wrighthe word)	21. DATE OF DEATH (Bay) (1934) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended dacaased from
	Feb 25 1934, to March 6, 1934
6. DATE OF BIRTH (month, day, and year) ture 12 1911	I last saw h. alive on M. A. 6 to 19 34; death is said
7. AGE Years Months Days if LESS than 1 day,	to have occurred on the date stated above, at 133 f.m.
73 - 74 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onsat
8. Trade, profassion, or particular kind of work done, as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceasy last worked at this confection done that and the contribution of the contri	Dobar Tulmania 2.24-3
9. Industry or business in which work was done, as SILK MILL, Colonias Colo	5_
SAW MILL, BANK, etc	
Spelletti till?	,
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country),	
13. NAME 47 A. Curringles 14. BIRTSPLACE (city or town) Associated to 15.	***************************************
14. BIRTHPLACE (city or town) Morning to 1	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Disse ask	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Dissue Ask  16. BIRTHPLACE (city or town) Alinthtone Q	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT III I Commingham (Address)	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place tellerish and Date Mar 0 1934	
9 . It. 9	Nature of Injury
19. UNDERTAKER AMO AMO AGENTALISM (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. En Starch 8 , 1934 Haracus Oliver	(Signed) P & Bower M. D.
Registrar.	(Address) freshound And
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5.1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHE	STATEMENTS BY PHYSICIAN
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:	L PLACE OF DEA		MAR	YLAND—	CERTIFICATE OF DEATH 02	2221
	Village or City	Effin	ter	land	Registration Dist. No.  No. 4/1 Central Cv. St.,  death occurred in a hospital or institution, give its NAME instead of street and	5 Ward
	Length of residence in cl	ty or town where deal	th occurred	yrs Mos		
	(a) Residence: No.	411/6	(Usual place	l av.	St., 5 Ward.  If nonresident give city or town and	d State
-	PERSONAL AN	D STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
9	Simule (	White	SINGLE, MARI OR DIVORCED	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH (Month) (Day)	_, 193 // (Year)
	HUSBAND of (or) WIFE of	h			22. I HEREBY CERTIFY. Thet I attended  March 7, 19 24, to Morch 8	deceased from
_	DATE OF BIRTH (month, day AGE Years		vembe	10,1933	I last saw her alive on Mana 5, 193	; death is said
<i>'</i> .	AGE 16815	Months 3	26	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at £2.25.A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	+
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spent In this securation (month and spent In this spent In this securation (month and spent In this spent In th					Branchopueumaina	Date of onset  - about  4444
OCCI	SAW MILL, BANK, e  10 Date deceased last wor this occupation (more year)	ked et	11. Total tie	ne (years) t In this pation	Whavping Cangs:	16 lago
12.	BIRTHPLACE (city or town). (State or country)	Runt	evlan	L	Other Coutributory Causes of Importance:	agol.
HER	13. NAME Rabe	it Da	nis			
FATHER	14. BIRTHPLACE (city or to (State or country)	wn) Bere	d.		Name of operation	autopsy?
MOTHER	15. MAIDEN NAME	Filda	Dan	ohul	23. If death was due to external causes (VIOLENCE) fill in elso the following	
S 16. BIRTHPLACE (city or town)					Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT Shellings Clauries (Address) 5 weber St. Cumberland, Jud.					(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, In HDME, or In PUBLIC PL	te) .ACE,
18. BURIAL, CREMATION, OR REMOVAL Place Trans Capt, Pa Date March 10, 1934					Manner of injury	
19.	UNDERTAKER (Address)	rilif t	Jane	1 ml	24. Was disease or injury In eny way related to occupation of deceased?	lu -
20. Fileblanch 2, 19.9 4 Hanney No.					(Signed) June La	M.D.

(Address) 122/3

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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BINDING

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			- 1/2

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	——————————————————————————————————————
County Alla-any	Registration Dist. No.
Village or City 12 Lands (If Length of residence in city or town where death occurred 62 yrs	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Oara & Dree	
(a) Residence: No. Bartan (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (gorize the world)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If matried, widowed, or divorced HUSBAND of (or) WIFE of  Samel Dye	22. I HEREBY CERTIFY, That I attended deceased from 1934, to wash 29, 1934
7. AGE Years Month's Days PLESS than 1 day,	I last saw have alive on
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 92-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this recreation (month and the constant of the	Cardia dilatatura
9 Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupetion (manth and year)	Other Contributory Causes of importance:
13. NAME Jacob Green	
13. NAME Face Sycen  14. BIRTHPLACE (city or town) (State or country)  Manyland	Name of operation Date of Was there an au'opsy? Auso
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  15. MAIOEN NAME  (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT STEWER TO THE COMMENT OF PEROVAL AND ADDRESS TO THE COMMENT OF PEROVAL AND ADDRESS OF THE COMMENT	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annul Hell Cemetry Date affilla, 1934	Manner of injury  Nature of injury
19. UNOERTAKER M. Eichhom (Address) Laarning MA	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO Ofiril 2, 1924 S. a. Boucher Registrar.	(Signed) Fredham M. D.  (Address) Western port

V. S. No. 1

7. PHYSICIANS should state Exact statement of OCCUPA-

IS A PERMANENT stated EXACTLY.

FOR BINDING

CAUSE OF DEATH in plain terms, so that it may be properly classified.

MARGIN RESERVED FC UNFADING INK—THIS IS

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mation should be carefully

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TION is very important.

See instructions on back of certificate.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PARTY S.			
Other contributory causes of importance:		r contributory causes of importance:	
Gallstones	May 1,192	stroenteritis	1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County allegary	Registration Dist. No.
Village or City Loversoning	NoSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Stillom Elhins (a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	19 to 19
6. DATE OF BIRTH (month, dey, and year) Such (0 193 U  7. AGE Years Months Days If LESS than 1 day, hrs. or min.	! last sew h; death is seign to heve occurred on the date stated above, atm.
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Still born infant
10. Date deceesed last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
13. NAME William & I have	
14. BIRTHPLACE (city or town)	Name of operation
15. MAIDEN NAME Alex Rules  16. BIRTHPLACE (city or town)  (State or country)	death was due to external couses (VIOLENCE) fill in elso the following: ident, suicide, or homicide?
17. INFORMANT When Ellen (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMOVAL Place Date 3/10 ,1934	Manner of injury
19. UNDERTAKER M. Eichhorn. (Address) Lancoury	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/10 , 183 2, Don Jours Registrar.	(Signed) / flury in thody M. I (Address) Location of M. I

should state

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stated EXACTLY.

properly classified.

UNFADING INK-THIS IS A PERMANENT

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied. PLAINLY,

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

D. Every item of infor-

V. S. No. 1

B.—WRI

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who had no occupation whatever write none. however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be various pursuits can de known. Make some entry in this section for every person aged 10 years or over. If the de-Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of

To be complete, an occupation return must state:

9.—The industry or business in which the work was done. 8.—The trade, profession, or particular kind of work done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

out the particular kind of work done and return that, as spinner, weaver, etc. in stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc.

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc. In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

should be called a salesman and not a clerk, machinist, etc. Distinguish carefully detween retail merchants and wholesale merchants. A person who sells goods of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, me-

of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the

Gallslones	8291,1 yoM	Gastroenteritis	rose 1
Other contributory causes of importance:		Other contributory causes of importance:	
Cerebral hemorrhage	1261, dylul	Peritonitis	3 days ago
Chronic interstilial nephritis	1861	Run over dy street car	I week ago
The principal cause of death and related causes of importance were as follows:	1916 of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rxsmbie i		ryampie ii	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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1	T mcCond. E	Y. PHYSICI	Exact states	
BINDING	PERMANEN	EXACTL	rly classified.	ate.
FOR	IS A	stated	proper	certific
V.S. No. 1	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MECOKD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
V. v. No. 1	N. BWRITE PLAINLY,	mation should be ca	CAUSE OF DEATH	TION is very import

1. PLACE OF DEATH WITHIN CORPORATE LIMITS County ALLEGANY Village or City CUMBERLAND Length of residence in city or town where death occurred \_\_\_\_ 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWN OR DIVORCED (write the wor SINGLE PEMALE 5e. If married, widowed, or divorced HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) APRIL 14 7. AGE Months Days If LESS t 1 day,\_\_\_\_ 34 or....mir 8. Trade, profession, or particular kind of work done, es SPINNER, LAU SAWYER, BOOKKEEPER, etc. OCCUPATION 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc ..... 10. Data deceased last worked at 11. Total time (yeers) this occupation (month and spent in this occupation .... 12. BIRTHPLACE (city or town). (State or country) ENGLAND CHARLES 13. NAME PENNSYLVANIA FAT 14. BIRTHPLACE (city or town) (Stete or country) HER SARAH 15. MAIDEN NAME MOT 16. BIRTHPLACE (city or town). (State or country) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Manner of injury 19. UNDERTAKER (Address) If so, specify (Signed)

	SK - Ward. CUMBERLAND, MD.  If nonresident give city or town and State
	MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH  March 22, (Dey) (Year)
rrs.	22. I HEREBY CERTIFY. That I attended deceased from 1/16/34, 19
	Nama of operation Dete of Was there an eu'opsy?

(Specify city or town, county and State)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) \_\_\_

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	d of the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis P. C. E. W. D.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year

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19. UNDERTAKER

(Address)

20 Herch 27 1934

Cumberland.

state

1. PLACE OF

2. FULL NAM (a) Residence

Female

3. SEX

PERSONA

County\_\_\_\_ Village or City Length of resider

	CERTIFICATE OF DEATH 02226
Allegany WITHIN CO	REGISTRATION Dist. No.
	No. 612 • Elmelm • St. Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
No. Cumberland. Md (Usual place of abode)	St., Ward.  If nonresident give city or town and State
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DEVERGED (write the word)	21. DATE OF DEATH Mar. 25.1934  (Month) (Day) (Year)
or divorced Charles Eyler	22. I HEREBY CERTIFY. That I attended deceased from weigh 24, 1934 to word 25, 1934; death is said
inth, day, and year) Oct . 6.1853	I last saw her alive on with 25, 1934; death is said
Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at m The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
on, or particular k done, as SPINNER, OKKEEPER, etc. At Home	agute philalation A luck

5a. If married, widowed, HUSBAND of (or) WIFE of 6. DATE OF BIRTH (mo 7. AGE Years Trade, professio OCCUPATION kind of wor SAWYER, BO Thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ..... 11. Total time (years)
spent in this 10. Date deceased last worked at this occupation (month and occupation ... Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER Theodore . Morgrooe 13. NAME 14. BIRTHPLACE (city or town). Name of operation.... (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was there an au'opsy?\_\_\_\_ MOTHER Mary . Eyler 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Md Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) (State or country) Where did Injury occur?\_\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. Mrs Harry Gurley Cumberland. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Green . Mount Date Mar28. 1934 John . C. Wolford 24. Was disease or Injury In any way related to occupation of deceased?...

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify .....

(Signed)\_\_\_\_\_

(Address) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	10
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E E VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ·	3 days ago
BUREAU V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHY
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECENVER	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APP & 1684	July 5,1927	Perilonitis	3 days ago	
	RUREAU V.S				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

5. No. 1	MARGIN RESERVED FOR BINDING	FOR BINDING
B.—WRITE PLAINLY	, WITH UNFADING INK-THIS	B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of info
CAUSE OF DEATH	in plain terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP.
TION is very impor	FION is very important. See instructions on back of certificate.	certificate.

1. PLACE OF DEATH			
County AULEGANY		WITHIN GOF	RPORATE-LIMITS Registration Dist. No. 4
Village or CityCUMBER	LAND, MD.	MEMORIA	St. St. Ward  County in a horpital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAMEBENJA	MTN DEACHI	פיב	
(a) Residence: No. MAY	SVILLEV	V.VA.	St., Ward.  If nonresident give city or town and State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH
Male White	or divorces	(write the word)	March 16, 193 4 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wilda	Snyder		22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Feb. 16.	1870	I last saw h alive on must 1 , 19 5 death Is said
7. AGE Years Month	s Days	If LESS than  1 day,hrs.  ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	11. Total ti	me (years) ht in this pation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	st Virgin	ia	Acrelesed pomple
置 13. NAME Sanford F	easter,		Sile & mode
14. BIRTHPLACE (city or town)	West Vir	ginia	Name of operation Date of Was there an au'opsy?
置 15. MAIDEN NAME Mary Ha	ne Kessel	l,	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	t Virginia	a	Accident, suicide, or homicide?
17. INFORMANT Memoria (Address) Cumbera	l Hospita: Ind Md.	l	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Many with	M. Usese 3 -	-18,1937	Manner of injury
19. UNDERTAKER (Address)	lirgueld,	V. Low	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. E. Was disease or injury in any way related to occupation of deceased?
20 Automatch /6, 1934	La arunge	Registrar.	(Address) Lisusan !

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the usc of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilopsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. TION is very important. See instructions on back of certificate. N. B.-WRITTE V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH	145.0 02229
County alle garry WITHIN CORPORA	TE LIMITS Registration Dist. No.
Village or City Culculand	No. Ollegacy St., Ward f death occurred in a hospital for institution, were it's NAME justead of street and number)
Length of residence In city or town where death occurredyrs,mo	s. / 2 ds. How long in U.S. If of foreign birth?
2. FULL NAME awarda tutte ti	hel I !! MIC
(a) Residence: No. (Usual place of abode)	St., Ward. Melm Monning W. Ua. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH WAS 1 R. 9. 193 4
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of John Fisher	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) march 2 1903	I last saw hCF alive on Turas . 28 , 1934 : death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date steted above, and statem.
29 - 27. Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and	Françoise de precenta 3.3.34
- 1 Spell ( III ( III )	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Lange Mullin	
13. NAME Longr Mulliu  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Process
15. MAIDEN NAME LA LA LA	What test confirmed diagnosis?
15. MAIDEN NAME Faura Braffad  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Char. Fiftee Moderns	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION, OR REMOVAL HALLIST Glen Cen W. Vante 3/31, 1934	Manner of injury
19. UNDERTAKER B. A. giffy Braney A. Ho (Addiess)	24. Was disease or injury In any way related to occupation of deceesed? Aug
28 Registrar.	(Signed) Arthur try Joues M. D. (Address) 40 h. Librity 27.
If more blanks are needed address State Registress	24xx N. Charles Street Belinner B. C. 21 Chy

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes | Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago FERRENATI S Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH					
	County Allegany			Registration Dist. No. 4	
	Village or City Oldtown.	Rout		NoSt.,	Ward
	Length of speidence in city or town where doct	h annuared	(If	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?	
2.	FULL NAME William.			us. now long in 0.3.11 of foreign birth?yrsmos	08
	(a) Residence: No. Oldtown.	Md Ro		St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	Male 4. COLOR OR RACE 5.		(write the word)	21. DATE OF DEATH Mar. 19th.1934	
1	married, widowed, or divorced USBAND of Lavena. Fla	ke			ear)
(	or) WIFE of			22. I HEREBY CERTIFY, That I attended deceses 1934, to Made 19	
6. DAT	TE OF BIRTH (month, day, end yeer)	aug.	3,1868	I last sew his alive on Brak, 16 - 1934; death	
7. AGE		Days 16	If LESS then 1 day,hrs. ormin,	to heve occurred on the date steted ebove, et. 10 a Pmm. The PRINCIPAL CAUSE OF DEATH end releted causes of importance	73 001
Z	Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		1 01(811),	were es follows Mar. 13 — 34 Date of	fonset
E	SAWYER, BOOKKEEPER, etcFar	mer		D P	
UP.	N. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			Caralisis Progressive.	du
	Date deceased last worked at this occupetion (month end yeer)		ne (years) t in this pation	Drimory & tumor of Solan; molignante.	
12. BI	RTHPLACE (city or town) Md (State or country)		************	Other Coutributory Causes of Importence:	
œ 13	NAME John T. Flake			n suga	
FATHER		Md		Nov. 15, 1924	
FA	. BIRTHPLACE (city or town)			Name of operetion	
입 15	. MAIDEN NAME Martha. N	orth		23. If death was due to external causes (VIDLENCE) fill in elso the following:	
15. MAIDEN NAME Martha. North 16. BIRTHPLACE (city or town)				Accident, suicide, or homicide? Date of injury, 19  Where did injury occur?	
17. INI	DRMANT Levina. Flake (Address) Oldtown. Mo	Rout	2	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Plesant Grove Date Mar 20.1,934				Manner of Injury	
19. UN	DERTAKER John.C.Wolf (Address) Cumberland			24. Wes disease or injury In any wey related to occupation of deceased?	
20. FILED Mar 21, 1934 Dennett				(Signed) A Plintstone Mul	M. C
	If more blan	ks are needed, ad		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I  The principal cause of death and related causes of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	2 4 150	July 5, 1927	Peritonitis ·	3 days ago	
	BUREAU V. S.	1			
Other contributory can	The same of the sa		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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FOR BINDING

MARGIN RESERVED

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1. PLACE OF DEATH	TEAND	CERTIFICATE OF BEATTI 172231
County Attention	allege	Registration Dist. No.
Village or City Valle Supr	ene A	No. 7 St./ Ward
		death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca in city or town whera death occurrad	yrsmos	
2. FULL NAME Pase Cu	1/	anagan
(a) Residence: No. (Usual pla	ace of abode)	St, // Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, M. OR DIVOR	ARRIED, WIDOWED,	21. DATE OF DEATH MAN 27 193.4
5a. If married, widowad, or divorced	gen	(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY That Lattended deceased from
// / / / / / / / / / / / / / / / / / / /	10.51	19
7. AGE Yaars Months Days	If LESS than	I last saw has alive on 1932 death is said
83 3 7	1 day,hrs.	to have occurred on the data stated above, at the man of the PRINCIPAL CAUSE OF DEATH and related causes of Importance
- 8. Trade, profession, or particular	ormin.	wara as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.		Ludden death bushall
I S. Industry or business in which		are to ceregral
work was done, as SILK MILL, SAW MILL, BANK, atc	14	hemorrhage
ting occupation (month and	l time (years) pent in this crupation	
now Oro	2 - 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (Stata or country)	aug	Juperenion
1 10 10	2 42 1	1 Cold of the second
E O T	DA	none
14. BIRTHPLACE (city or town) (Stata or country)	Jel,	Name of operation Date of Date
15. MAIDEN NAME Suseen &	Elm	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sugar E	Dain SI	23. If death was due to external causes (VIOL ENCE) fill in also tha following:  Accident, suicide, or homicide?
(State or country)		Whare did injury occur?
17. INFORMANT Catherine Holers	1	(Specify city or town, county and Stale) Specify, whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) 50/ aringtonulles	Canter xles	
18. BURIAL, CREMATION, OR REMOVAL RICE, WELL	Greight, Jo	Mannar of injury
Placa fraction Pate 1	101/7, 1934	Nature of Injury
19. UNDERTAKER Alung	2	24. Was disease or injury in any way ralated to occupation of deceased?
(Addrass)	use mo	If so, specify
20. FILED 728 , 1934 QIK, 1	alpin	(Signed)
	Registrar.	(Addrass) January Market Marke
If more blanks are needed	, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

49991

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

1. PLACE OF DEATH	——— A
County Celleany	Registration Dist. No.
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Stillloom Fout	
(a) Residence; No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (carrie the word)	21. DATE OF DEATH ) raul 6 th (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. /I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Warch 5, 1934	3/5 ,19 34 ,10 3/5 ,19 34
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	1 last saw h 4 1 1 last saw h 19 24; death is said to have occurred on the date stated above, at 3 7
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Somtanenio alvilia
9 Industry or husiness in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and yaar)	
12. BIRTHPLACE (city or town) Bustin md (State or country)	Other Contributory Causes of Importance:
E	
4 14. BIRTHPLACE (city or town) - MANY (Stata or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Thelma Hamilton	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Thelma Hamillon  16. BIRTHPLACE (city or town) Murghand  (State or country)	Accident, suicide, or homicide? Dato of injury, 19
17. INFORMANT mo tas Tout	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place, 19,	Nature of injury
19. UNDERTAKER (Address)	24. Was diseasa or Injury in any way related to occupation of deceased?
20. FILED, 19	(Signed) M. M. D. M. D.
Revistrar.	(Addrass) maland m

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	- Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

properly classified.

be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

LAINLY,

-WRI

119999

STATE OF MARYLAND	CERTIFICATE OF DEATH	4400			
1. PLACE OF DEATH	11-0)				
County allegary	Registration Dist. No.				
Village or City Boot Tons	No. St.,	Ward			
Length of residence in city or town where death occurred 44 yrs	death occurred in a hospital or institution, give its NAME instead of street and no death of the long in U.S. If of foreign birth?				
2. FULL NAME Raymond The	and.				
112 - 72-7	St., Ward.				
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and S	State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	16			
Male White Certale	(Month) (Day)	193/(Year)			
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended d	languaged from			
(or) WIFE of	Merch 13 1934 to March 21				
6. DATE OF BIRTH (month, day, end year) 7 141. 16 1893	I last saw h. ? 20. alive on				
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at1135.4m.				
40 5 16 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:				
R Trade profession or particular	La arippe and	S-/3-34			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	hober Phermonia	3-16-34			
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9: Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10: Date deceased last worked at this occupation (month and					
SAW MILL, BANK, etc. 11. Total time (years)					
this occupation (month and Man 434 spent in this occupation					
12. BIRTHPLACE (city or town) - Bastasa	Other Contributory Canses of importance:				
(State or country)					
13. NAME Deny French					
13. NAME Geny Funding 14. BIRTHPLACE (city or town). Baltimone.	Name of operation RONE Date of				
(State or country)	What test confirmed diagnosis? Physical Signs Was there an au	topsy? No			
15. MAIDEN NAME Whilming Shukar	23. If death was due to external causes (VIOL ENCE) fill in also the following:				
16. BIRTHPLACE (city or town) 3.6. (State or country)	Accident, suicide, or homicide? Date of injury	, 19			
(State or country)	Where did injury occur?				
17. INFORMANT Paullare Grenzel	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	CE.			
(Address) Barton, MA					
18. BURIAL, CREMATION, OR REMOVAL Place Bartan Md Date May 24 19 4	Manner of Injury				
1000	Nature of injury	Ma			
19. UNDERTAKER 19. Swall	24. Was disease or injury In any way related to occupation of deceased?	00			
(Address) Braslow, Md.	If so, specify Paul follows				
20. FILED Mar & G. 196 G. Wallouch Registrar.	(Signed) Carry C. W. Va.	JM. D.			
Town cares for 10 you concern a Registrat.	(nuuress) ( X				

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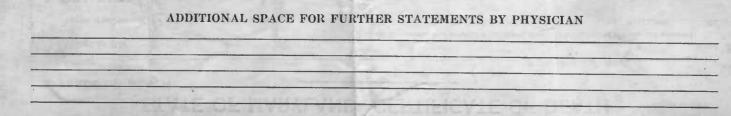
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year



mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plan terms, so that it may be properly classified. Example of the control of the contr

h terms, so that it may be properly classified.

See instructions on back of certificate.

TION is very important:

PHYSICIANS should state Exact statement of OCCUPA.

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	02234
County Allegany WITHIN CORPO	RATE LIMITS Registration Dist. No.
Village or City Combelland	No. Sansara St. / Ward
(If Length of residence in city or town where death occurred 50 yrs	death occurred in hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Joseph R. Frost	N
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEN 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Mon. 97 (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	Men: BBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7/ / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trede, profession, or particular	were as follows.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done as SILK MILL	The second of the second
SAW MILL RANK atc	
Date decased last worked at this occupation (month and year)  A. Total time (years) Lend, occupation occupation	
12. BIRTHPLACE (city or town) Rawlings O	Other Contributory Causes of importance:
(State or country) And.	
13. NAME Meshalke trost	
13. NAME MISHAUR + Trost  14. BIRTHPLACE (city or town) (Stete or country)	Name of operation
15. MAIDEN NAME Anna R. Seymons	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Harry B Frosh (Address) Comband.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Itse foll am Deternary 77, 1934	Neture of injury.
19. UNDERTAKER domo Stern Inc.  (Address)	24. Was disease or injury in any way related to accupation of deceased? MIO
20 French 28, 134 Garacy N. Mens	(Signed) Original (M).
	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis-	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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r-i	玉	P	q
MARGIN RESERVE	BWRI' PLAINLY, W. H UNFADING INK-TH	plnous	CAUSE OF DEATH in plain terms, so that it may b
RES	NG IN	AGE :	that i
CGIN	FADIL	lied.	ms, so
MAF	NO H	ddns	in ter
	E	refully	THE PERSON NAMED IN
	INLY	be ca	EATH
4	PLA	plnous	OF D
	VRI	ation s	AUSE
. No. 1	B.—V	m	C

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County	Allegan			hm copyof	RATE LIMITS Registration Dist. No.
	city Cumber				No. 402. Furnace. St St., 3 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of re	sidence in city or town w	nere death of	ccurred	yrsmos	ds. How long in U.S. if of foreign blrth?yrsmosds
	nce: No. 240 3	2 Fee	Usual place	eal	St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STAT				MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE	5. SI	NGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH Mar 4 1934
5a. If married, wido	wed, or divorced				(Month) (Day) (Year)
5a. If married, wido HUSBAND of (or) WIFE of					22. I HEREBY CERTIFY, That I attended deceased from mor. 4 1934, to mor. 4 1934
S. DATE OF BIRTH	(month, day, and year)	ct.16	5.190	3	I last saw h alive on 2 4 , 1924; death is said
7. AGE Ye	Month 30 4		Days 15	If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, prof	ession, or particular work done, as SPINNER R, BOOKKEEPER, etc	,		T O'S S S S S S S S S S S S S S S S S S S	But of onset
9. Industry or work w	business in which as done, as SILK MILL, ILL, BANK, etc.	Cela	nese	Plant	of abdorner
10. Date decea	sed last worked at upation (month and			me (years) t in this pation	
12. BIRTHPLACE (C	city or town)	Md			Other Contributory Causes of Importance:
)	Willia	m. Ge	eorge		
I 4. BIRTHPLAC	E (city or town)			Md	Name of operation Repaired Jestert Date of
15. MAIDEN N	<i>a</i> 1	t. Poy	wers		What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLAC	E (city or town)		BA	đ	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? & har Carly Date of Injury 24, 1934  Where did Injury occur? 1934
I7. INFORMANT (Address)	Levine		4		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	tion, or REMOVAL arton Md	Dat	.Mar.	6.1934	Manner of injury 4 had much
19. UNDERTAKER _ (Address)	John C.	Wolf	ord	đ	24. Was disease or injury in any way related to occupation of deceased? M6
20. FILED Mars	ch 6, 19340	Black	ulifo	N/OVer	(Signed) M. E. (Address) Market fund my
	If.	more blanks	are needed. a	ddress State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, hame other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

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	of
,	item of
0	Every

FOR BINDING

Exact statement of OCCUPA. PHYSICIANS WITH UNFADING INK-THIS IS A PERMANENT RECORD AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

MARGIN RESERVED B.—WRITE PLAINLY, WITH UNFAD mation should be carefully supplied.

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1. PLACE OF DEATH	(20)
County Allegany. WITHIN CORP.	ORATE LIMITS Registration Dist. No.
Village or City Conntinual	No. 109 Panh St., 5 War
Length of residence in city or town where death occurred 75 yrsmos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME almina In Der	deman
(a) Residence: No. 109 Parks (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of John Studiesnan	22 I HEREBY CERT! FY. That I attended deceased from 1933 to Murch 5 1934
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than  1 day,hrs.	I last saw h_U alive on 3
18 Trade preference or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Our culor fibrillation  Date of ones  2 3-35
SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town). Community Conference (State or country)	Other Contributory Causes of importance Chronice Care &
13. NAME John Long	asserd moothi dursting
13. NAME Strain 2ng 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis?
15. MAIDEN NAME Sarah	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT no Walter traling and.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
Place to liter & and line 3/7, 1934	Manner of injury
19. UNDERTAKER Lonio Stem Ing. (Address) Immedial	24. Was disease or injury in any way related to occupation of deceased?
20. Fileseach le., 1824 Harriey Maran.	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

i i	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street ear	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02237
1. PLACE OF DEATH WITHIN CO.	PRPORATE LIMITS 9370
County Megany.	Registration Dist. No.
Village or City Lumberland	No. 208 Milds Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Canline Bris	nm
(a) Residence: No. 908 Mush Lane (Usual place of abode)	St., 6 - 2 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SHIGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATPlanch 17 H. 193 F. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of John Orinne	22. I HEREBY CERTIFY, That I attended deceased from Man. 18 Kz., 1934, to Man. 1614, 1924
6. DATE OF BINTH (month, day, and year)	I last saw her alive on har 16 ft., 19 39; death is said
7. AGE Years Months Bays If LESS than	to have occurred on the date stated above, at #m.
9/ 10 // day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, American SAWYER, BOOKKEEPER, etc.	The postate Congestion Lucy 32 14-34
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  occupation	Chronis myseasolitis a Cussol
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) William .  13. NAME Pacet Dicker.	anteria-sclerosis.
13. NAME 12. 14. BIRTAPLACE (city or town)	Name of operation Date of
(State or country) Dermany.	What test confirmed diegnosis?
15. MAIOEN NAME Sohny	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANTAL Strings (Address)	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Service & Parts Gentle 3/19, 1934	Manner of injury
19. UNDERTAKER ASSISSION Stern Inc.	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Completed	If so, specify Snefe
20 Ayelanch 19, 134 Harrey N Meines	(Signed) Julie 1 2 Beston St. M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N
THE DATE OF THE	DI II UI	TOTA	T C TO TITLE	MATERIAL TO	30 1	T TE T DIOLE	241

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT KECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE O	F MARYL	AND-CERTIFI	CATE OF	DEATH
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1. PLACE		_	AA.com.		<u> </u>
County	Alleg	ny	Wast	IIN CORPOR	ATELIMITS Registration Dist. No. 4
Village or	City	Cumber	Land, Mc	l •	No. Memorial Hospital St.6 -/ Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of r	esidence in city	or town whara	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrs,mosds.
2. FULL N	AMEF	Harry (	Froves		
(a) Resid	ence: No6	317 Eln	n St., (Usualpiace		St., Ward.  If nonresident give city or town and State
PERSO	NAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
Male	4. color Whi			RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH
5a. If married, wid HUSBAND of	owed, or divorce	ed			
(or) WIFE of					22. March 13, 1934, to march 18, 1934
6. DATE OF BIRT	H (month, day, a	and year) /	August 1	1,1927	I last saw hamaliva on March 18, 1934; death is sald
7. AGE	rears	Months	Days	If LESS than  1 day,hrs.	to have occurred on the date stated above, at 377m.
	12	7	7	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Z 8. Trade, pro	ofession, or part f work dona, as	SPINNER.	89-1	+	
SAWY	ER, BOOKKEEPE or business in w	R, etc	Juan	u	acute osles myeldes
work y	was done, as SIL MILL, BANK, etc	K MILL,			7 Post Challer
10. Data dece	ased last worka	d at	I1. Total 1	ima (years)	f whi
- 1	cupation (month			ntin this upation	
12. BIRTHPLACE	(-it)	Md.			Other Contributory Causes of importance:
(State or co					
13. NAME	Tarry	Groves	3		1 17 homerus
13. NAME		2			Name of operation pured upper and Date of heart 14
(State	CE (city or town or country)	1)			MI.
15. MAIDEN N	NAME GI	cace 4j	Lmmerly		What test confirmed diagnosis? Up 22 Was thara an au'opsy? 22.  23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN N	CE (city or town	N/ -3			Accident, suicide, or homicide? Data of injury 19
∑ (Stata	or country)	1)			Where did injury occur?
17. INFORMANT	Nor	noniol:	Hospita	. 7	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)		nberlar		1.4	open, maner many control in the country in nome, of the total country
18. BURIAL, CREM			Ceans 3	12/ 1934	Manner of injury
19. UNDERTAKER	Lomo	Stern	J Ing		24. Was disease or injury in any way related to occupation of deceased?
20. State	lb2019	340	erneer	Toner	If so, specify  (Signed)  (Signed)  M. D  M. D
				Registrar.	(Address) Clewberland My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

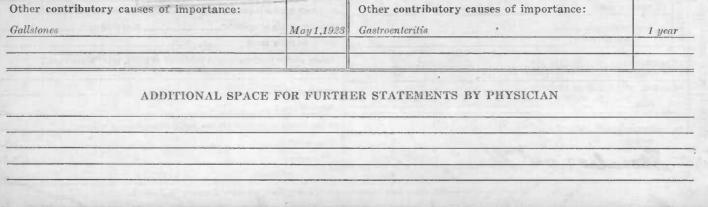
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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	Example I	1	Example II	
The principal cause of of importance were as Arterioselerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephra		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis •	1 year





PHYSICIANS should state

stated EXACTLY. PHYSICIANS

See instructions on back of certificate.

TION is very important.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

B.-WRITE PLAINLY.

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	23
County allegacy.	Registration Dist. No.
Village or City / The evelence on / I	No. St. Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Bessee B/Ya	L.
(a) Residence: Notean Reculings	Aldisas Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID	
True ale White OR DIVORCED write the	, 193 to
. If married, widowed, or divorged	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
Junes C. Toll	March 19 ,1934 , to March 23 ,1934
DATE OF BIRTH (month, day, end yeer)	1 lest sew hear alive on March 23 ,1984; deeth is said
AGE Years Months Deys If LES	The state of the date states observe, other careful.
54 4 2 Iday,	The TRINCIPAL CAUSE OF DEATH and related ceuses of importance
8. Trade, profession, or particular	Date of onset
kind of work done, es SPINNER, Vocuseum	1934
9. Industry or business in which work was done, as SLK MILL,	/.(3/
SAW MILL, BANK, etc.	•
10. Dete deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importance:
BIRTHPLACE (city or town) Tud.	mysesarditis.
(State or country)	- Heart Julia
13. NAME Leve Nobes	
14. BIRTHPLACE (city or town)	Name of operation Non E Dete of
(Stete or country)	
15. MAIDEN NAME	Whet test confirmed diagnosis? Wes there en autopsy?
	23. If deeth was due to externel causes (VIDL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
a. 1 8 8/c	Where did injury occur? (Specify city or town, county and State)
INFORMANT CULCULO CONTRACTOR OF PROPERTY OF THE PROPERTY OF TH	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 60 9 Milderson 130	<b>'</b>
Place Dowson Maie 3/ 1/6	Manner of injury
Jan	Nature of injury
HADROTTHE ATTENDED NOTES	24. Wes disease or injury in eny way releted to occupetion of deceesed?
UNDERTAKER ( TOUCHE ) COULD OFER	24. Wes disease of injury in eny way feleted to occupetion of deceased?
(Addiess) Cumbridge n	If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago DITTE STATE OF Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEM	IENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

FOR

RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

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9.—The industry or business in which the work was done.

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AFA 0	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPAC	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRIT

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 022
1. PLACE OF DEATH	82-2
County allegheng	Registration Dist. No. 6
Village or City Daws	NoSt.,\
(ii	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Jacob Hise	12
(a) Residence: No. Hear & away Tred, (Usual place of abode)	, St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  KLARY HISE	22. AEREBY CERTIFY That I attended deceased
6. DATE OF BIRTH (month, day, and year) June 15, 1860	I last saw help alive on 3/27 19 3 4 death is
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et
9 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were 43 follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Day Rabory	were stollows: Dalla Statement Day 18
Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10-Date deceased last worked at 11. Total time (years)	73
10. Date deceased last worked at this occupation (month and year) occupation occupation	
12. BIRTHPLACE (city or town) adams b.	Other Canada of importance.
(State or country)  Pa  13. NAME  Odam Hise	
14. BIRTHPLACE (city or town) C. dams C.	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Soul Know	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
S (State or country)	Where did injury occur?
17. INFORMANT James Wm Heel (Address) Neyele W. Ca. (R.F. & 3)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Rowlings, Und Date Man 23, 1924	Nature of injury
19. UNDERTAKER JHULAN KNOWN Som	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Mar. 23, 19. 34 agrandabal Registrat.	(Signed) (Address) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting W. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy  Rum over by street car	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

BINDING

FOR

RESERVED

MARGIN

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY PHYSICIAN	V

# CTATE OF MADVI AND

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City Lastbulg	No. St., Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Miss Maybelle C. No.	was of
(a) Residence: No. 25 W Mac. (Usual place of abode)	St., Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR FACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  1934 to more 8 1936
6. DATE OF BIRTH (month, day, and year) africal 14-1888 7. AGE Years Months Days If LESS than	I last saw h. E. R. alive on mouth 3 6 , 19 3 Geath is sal
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
73   0   77   ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	distant mergens
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this necessarian (month) and separating this second in th	ceretraf Harmonhage
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Richmond	Other Contributory Causes of Importance:
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Marsettis Carol	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Massellis Carol  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT THE John Day	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR MOVAL	
Place I god Date Man 11., 1934	Manner of injury
19. UNDERTAKER (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 10 ,1954 Q.R. Houpen Registrar.	(Signed) W. A. V. Cr. Orro. M. I
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

V. S. No. 1

. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. AGE should be

UNFADING INK-THIS IS A PERMANENT

LAINEY, WI

B.—WRIT

FOR BINDING

MARGIN RESERVED

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRIT

STATE C	F MARYL	AND-CERTIF	FICATE	OF	DEATH
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112244

1. PLACE OF DI		W	THIN CORP	ORATE	E LIMITS (6)			4
County	Allegany	Yana M	đ		39 Centra	Registration Dist.	No	
Village or City	Camper.	rand. M		No	Jy Gentra	T AVC	St., 🥩	
Langth of residence	n city or town where	leath occurred	***		rred in a hospital or institut s. How long in U.S. If of			
	Mla ama a	·Iames					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2. FULL NAME			3.5.3					
(a) Residence: No	. Cumb	erland.		St.,	Ward.	If nonresident give ci	tu or town and	State
PERSONAL	AND STATIST				MEDICAL CI	ERTIFICATE OF		Colc
	OLOR OR RACE		RIED, WIDOWED,	21. DA	TE OF DEATH			
Male	White	OR DI YORCE	De (price the word)	21. 07.	IL OI BEATH	Mar 9.	1954	. 193
			-			(Month)	(Day)	(Year)
a. If married, widowed, or HUSBAND of Ma (or) WIFE of Ma	tilda. Ia	mes		22.		CERTIFY, T		
(OI) WITE OI						1933, to M		
6. DATE OF BIRTH (month	, day, and year)	Dec.	4.1868		w h alive on			; death is said
7. AGE Years	Months	Days	If LESS than		occurred on the date state			
65	3	5	1 day,hrs.	The PRII	NCIPAL CAUSE OF DEAT	H and related causes of i	mportance	Date of onset
8. Kade, profession,	or particular		Α.				1.11	Date of onset
SAWYER, BOOK	ne, as SPINNER, KEEPER, etc			La	remand	Sall be	elfer	149 14
kind of work d SAWYER, BOOM 9. Industry or busine work was done SAW MILL, BAI 10. Date deceased last	ss in which B . as SILK MILL,	&.O.Lab	or					1
SAW MILL, BA	,	1		-				
	(month and	\$93	ime (years) nt in this					
year)		00:	upation	Other Co	entributery Canses of Impo	rtance:		
12. BIRTHPLACE (city or to	wn)		Pa	-				
(State or country)	4 7 7			-				
13. NAME D	avid.Iame	s						
13. NAME D		Pa		Name of	f operation	none	Date of	
1 (State of Count	ry)			What tes	st confirmed diagnosis?	X reacy	. Was there an a	utopsy?_ M
15. MAIDEN NAME	Emma Leas			23. If deat	th was due to external cau	ises (VIOLENCE) fill in a	lso the following	
15. MAIDEN NAME  16. BIRTHPLACE (city	or town)	Pa		Accident	t, suicide, or homicide?	Date o	of injury	, 19
(State of Count			· · · · · · · · · · · · · · · · · · ·	Where di	lid injury occur?	(Specify city or town	county and State	-)
17. INFORMANTM	atilda. I			Specify v	whether injury occurred Ir	INDUSTRY, in HOME, o	r In PUBLIC PLA	ACE.
(Address)		and. Mo						
18. BURIAL, CREMATION,	or REMOVAL sent Grov	re Mar	12.1934	Manner	of Injury			
				- Nature o	of Injury			7.
19. UNDERTAKER J	ohn.C.Wol	ford		24. Was d	disease or injury In any w	ay related to occupation	of deceased?	no
(Address)	Tumberla	md. Md		If so, sp	pecify	1/1		2
20 FutBerch 16	)10/34 M	shuelle	Allen.	(Sig	gned)	Leo Ogo	eight	W M.
LYLI JELLIANE DEGE SELL J. P.	- 1 Description of the	- de corresof. S	Registrar.	-	(Address)	usn 15/	rand	MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
			hharisan m

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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b. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement stated EXACTLY. UNFADING INK—THIS IS A PERMANENT properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED supplied. AGE should be be CAUSE OF DEATH in plain terms, so that it may uffy TION is very important. mation should be car LAINLY, B.—WRI

V. S. No. 1

ż

1	S. I. PLACE OF DEA. County Alle	ТН	OF MAR	YLAND de	nits (19)	OF DEA		02245
	Village or City	ty or town where		yrs,mos	No. Rout 2. C1 death occurred in a hospital or institut ds. How long in U.S. If of	ty ion, give its NAME	St.,	
	(a) Residence: No	Hiram.	Milton. H 2 (Usual place	Imes	St., Ward	If nonresident	give city or town an	2ml d State
September 1	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CE	ERTIFICATE	OF DEATH	
3.		r or race hite	5. SINGLE, MAR OR DEVOACE	RIED, WIDOWED,	21. DATE OF DEATH	Mar 1		., 193
5a.	If marriad, widowad, or divo HUSBAND of Marc (or) WIFE of Marc	ella. I	mes		22. Cotylereby	1932, to	(Day) That I attended	(Year) dacaased from 1, 19 34
6.	DATE OF BIRTH (month, day	y, and year)	Jan. 21	.1855	I last saw h was alive on 1	waich !	, 19 3	: death is said
7.	AGE Yeers 79	Months 1.	Days 27	If LESS than  1 day,hrs.  ormin.	to heve occurred on the data stated The PRINCIPAL CAUSE OF DEAT		O Pm es of importanca	
OCCUPATION	8. Trade, profassion, or po kind of work done, SAWYER, BOOKKEE 9. Industry or businass in work was done, as S	which	Farmer		neffects	Farter	dels iordiroi	Date of onset
1000	SAW MILL, BANK, a 10. Date daceased last wor this occupation (more year)	rked et nth and	spar	me (years) nt in this pation	Other Contributory Causes of Impo	rianea*		
12.	BIRTHPLACE (city or town) (State or country)	~~~~		Md	Other Countries of Impo			
ER	13. NAME H 1	ram. Im	nes				****	
FATHER	14. BIRTHPLACE (city or to (Stata or country)	wn)	Md		Nama of oparation What tast confirmad diagnosis	rue pical ex	Data of	au'opsy? No
ER	15. MAIDEN NAME	Edna. F	lake		23. If daath was due to axternal cause	one (VIOLENCE) 61		
MOTHER	16. BIRTHPLACE (city or to (State or country)		Md		Accident, suicida, or homicide? Where did injury occur?			0
17.	INFORMANT		.Kelchn Ma Rou		Specify whether Injury occurred In	(Specify city or INOUSTRY, In HO	town, county and St ME, or in PUBLIC P	ate) LACE.
18.	BURIAL, CREMATION, OR R		Date_Mar	.20.,193	Mannar of injury			
19.		ohn.C.W umberla			24. Was disaase or injury In any wa	ay related to occupa	ation of dacaasad?	no
20,	March 19	1934 00	rue M	Megistrar.	(Signad) C	VX Hoc	alema	1, mid
		7.6	21 1 1 1 1 1	11 6 5				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

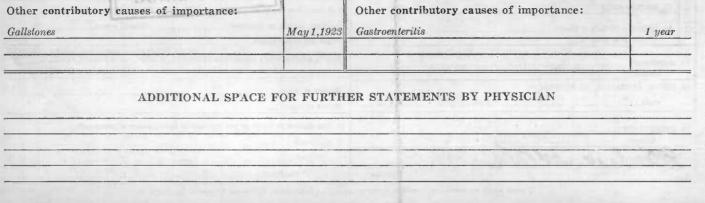
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

100	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		,
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:



V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

U	2	2	4	6	

1. PLACE OF DEATH WITHIN COR	PORATE LIMITS 97
County allegans.	Registration Dist. No.
Village or City Constant	No. 4/6 dansena art 6-/ Ward
Length of residence In city or town where death occurred 50_yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. if of foreign birth?yrsmos,ds.
Ch ++ OV	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Knuther y hear	ney
(a) Residence: No. 4/6 Lower (Usual place of abode)	Asia 67 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Hemale White Practice the yord)	Marsh J. (193 ff. (Month) (Day) (Year)
5a. If marriad, widowed-or disorcad	(Month) (Day) (Xear)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded daceasad from
2 2 - 12 -	Jan 11 1934, 10 Thanh 26, 1934
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	Hast saw has aliva on Mas 4 26 19 3 14; daeth is said
7 / P 1 day,h	to mare occasion on the date states above, at-y
8-Trade, profession, or particular	were as follows: Date of onset
kind of work done, as SPINNER, Mail Clark	Trustale Whenthe Ten 190
Kind of work done, as SPINNER, Market SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as STIK MILL, SAW MILL, BANK, etc  10. Date daceasad last worked at this occupation (month and this programation of the program of	- Al St. I. Saking
SAW MILL, BANK, etc.	
- 1 - this social action (months and	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	A deline delinano
	- Smilly.
13. NAME The Country 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What tast confirmed diagnosis? Was there an autopsy? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicida? Date of Injury, 19
9.18	(Specify city or town, county and State)
17. INFORMANT / MACO CHARACTER (Addrass)	Specify whethar Injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place St lalisches Cinoate Man. 28,193	Nature of injury
19. UNDERTAKER Loris Stein Inc	24. Was disaase or injury In any way related to occupation of decaased?
(Address)	If so, specify
20, Albarchie 8, 1934 Narum Alleina	(Signad) A. C. Carrer M. D.
Registrar.	(Addrass) Lange Josephan Jange

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

of OCCUPA-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

4	6 .	0	A	0 000
U	1	1	1	1
U	~	-	J.	

1. PLACE OF DEATH County Alleghenn		93-0	6
obditi)		Registration Dist. No	
Village or City Saws	n m	No.  death occurred in a hospital or institution, give its NAME instead of stre	St.,Ward
Length of residence in city or town where death of		ds. How long in U. S. if of foreign birth?yrs	
1 0	Va.	8, 4, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
2. FULL NAME Jacob 7	lener		
(a) Residence: No.		St., Ward.	
The state of the s	(Usual place of abode)	If nonresident give city or to	
PERSONAL AND STATISTICAL  3. SEX		MEDICAL CERTIFICATE OF DEA	ТН
M W	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) Willowle	21. DATE OF DEATH Mar. 6	, 193 <del>/</del> (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Catherine Kle	lul.	22. 3/1 HEREBY CERTIFY, That I al	Itended deceased_from
6. DATE OF BIRTH (month, day, and year)	31,1842	I last gaw h Ame alive on 19	9324; death is soid
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12 Pm.	
91 7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important were as follows:	,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lied Farmel	My ocortiles	Pate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pendt (State or country)	ton G	Other Constitutory Codices of importance:	1920
1	esuis		
	10+ 1		
4. BIRTHPLACE (city or town)	acity a	Name of operation Da	ite of
	11.09	What test confirmed diagnosis? Was the	ere an autopsy?
15. MAIDEN NAME Sauch K.  16. BIRTHPLACE (city or town)  16. (State or application)	Melman	23. If death was due to external causes (VIOLENCE) fill in also the fe	ollowing:
16. BIRTHPLACE (city or town)	-dltm &	Accident, suicide, or homicide? Date of injury_	, 19
State or country)	W. 69,	Where did injury occur?	10.
17. INFORMANT & E. Klesne (Address) Aawson	ud.	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, In HOME, or in PUB	LIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL & aux	on Cline ley	Manner of injury	
Place Dawson 2nd Da	e Mar 8 1934	Nature of Injury	
19. UNDERTAKER JHulanleys	of Jons	24. Was disease or the in any way related to occupation of decease	sed?
20. FILED March \$19.34 Des	W.U. B. B.	If so, specify (Signed)	M. D.
	Registrar.	(Address)	

N. B.—WRIT

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Example I	1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car		1 week aga
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			RECEIVED	
Other contributory causes of importance:  Gallstones	May 1,1923		r contributory causes of importance:	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

-WRIT

1. PLACE OF	Allegany		City Lin	1118 82-	Registration	n Dist. No	4
	ty Long Md			No. Long death occurred in a hopital death occurred in a hopital death occurred in a hopital death occurred in the second of the second occurred in the second o		ME instead of street	
2. FULL NAM (a) Residence		Laffert Md (Usual place		St., Ward.		ent give city or town	and State
PERSONA	AL AND STATIST			MEDIC	AL CERTIFICAT		
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DE	ATH M	(Day)	934 , 193
5a. If married, widowe HUSBAND of (or) WIFE of	d or divorced Mary Latfer	rty		22. 1 HER	REBY CERTII	FY, That I attar	
6. DATE OF BIRTH (r	month, day, and year)	Sept.11.	1878	I last saw h. Last_ aliv	re on Deane		
7. AGE Year. 55		Days	If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE were as follows:	of DEATH and related car	uses of importance	Poste of onset
8 Trade, profess kind of we SAWYER,	sion, or particular ork done, as SPINNER, BOOKKEEPER, etc usiness in which	oal Dea	ler	John Edwiff	they find a	Mis Aco	e enge
Work was SAW MILL 10. Oate decease this occup	done, as SILK MILL, ., BANK, etc	spa	ima (years) nt in this upation	I allowfor	to get he	er Sant Description and Description	Kes VLa
12. B1RTHPLACE (city (State or coun	**	Md		Other Contributory Canada	es of importance:  Spared Mir.	/	ra.
13. NAME	Jacob. Laf	ferty		Totaly him	for Hegh Pos	look force	
14. BIRTHPLACE (State or	(city or town) country)	Md		Name of operation	nosis?	Data	
15. MAIDEN NAM	Me Mary Mye	rs		23. If death was dua to ex	ternal causas (VIOL ENCE)	fill in also the folio	owing:
15. MAIDEN NAMED IS. MA	(city or town)country)	Md		Accident, suicide, or hom Whera did injury occur?.	nicide?	0	
17. INFORMANT (Address)	Mary.Laff Long	erty Mď		Spacify whether injury or	Courred in INOUSTRY, in I	or town, county and HOME, or in PUBLI	
18. BURIAL, CREMATI	on, or removal khart Md	Oate Apr	11 2,193				
19. UNDERTAKER (Address)	John.C.Wol	ford and Mo	7	24. Was disease or injury	In any way related to occ	upation of deceased	1?
26. Fileskell	a, 193407	arney	All Registrar.	(Signed) (Address)	1) And of	Si SC	Touch In Yo

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wipest V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
*			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	HER STATEMENTS BY PHYSICIAN
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(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; is sary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e.g., Farmer or Plonter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemuid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealtion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foremon, or For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Form laborer, Laborer-(b) Cotton mill; (a) Salcsman. At Home, and children, without more precise specification as Day (b) Automobile factory. The material If the occupation has been changed -Coul minc, etc. Womnot gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved telanus) may be stated under the head of "contributory." carpolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; l'oisoned by "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL revitoritis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc., "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," inges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of ........ name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumomia (secondary), stated unless important. (secondar/ Chronic interstitiol nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy" "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; or intercurrent) affection need not be ss important. Example: Meosles (disease Chronic volvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	JF MART	LAND-	CERTIFICATE	OF DEA	AIH 02	251
1/11	Cinela		(53)	D. C. L. II	9	
County Cycles	1		/	Registration	Dist. No	
Village or City 7 2020	lung		No. Control in a hospital or insti			
Length of residence in city or town where	death occurred		ds. How long in U.S. i	l ol loreign birth?	yrs	mosds.
2. FULL NAME NO	uch ,	Mack	ay			
(a) Residence: No. // O	(Usual place of	abode)	St., Ward.	If nonresider	nt give city or town as	nd State
PERSONAL AND STATIST	ICAL PARTIC	ULARS	MEDICAL	CERTIFICAT	E OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRII OR DIVORCED (		21. DATE OF DEATH	an	5	193
5a. If married widowed or divorced	Market	OV		(Month)	(Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Posa Male	Maskas	1	22. May 4	Y CERTIF	Y, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year)	Det 50	1861	I last saw have alive on	mar	-4/ ,19 <sup>3</sup> /	: death is said
7. AGE Years Months	Days	11 LESS than	to have occurred on the date sta	ited above, ato3:4	15 Am.	
73 5	-	l day,hrs. ormin.	The PRINCIPAL CAUSE OF DE		,	
8. Trade, profession, or particular						Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	much		Malignand	by of		
9. Industry or business in which work was done, as SILK MILL,	and men	2	P101	1-1-11-1	******	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this progration (month and	11. Total time		Xumban 1	Verkelu	'al	1933
this occupation (month and 19.3.2)	spent i occupa	tion SS				
12. BIRTHPLACE (city or town).	Jain.		Other Contributory Causes of im	portance:		
(State or country)	me		Pu sono	Ouch	2.10	1934
13. NAME Cameo	macla	41	7		~~~~~~	
13. NAME CLASS 14. BIRTHPLACE (city or town)	. 6	1	Name of operation	0	Date of	
(State or country)	fland		What test confirmed diagnosis?	Clerica	Was there ar	autoney?
15. MAIDEN NAME Mary  16. BIRTHPLACE (city or town)	Lamont		23. If death was due to external c			
16. BIRTHPLACE (city or town)	/A		Accident, suicide, or homicide?		. Date of injury	, 19
(State or country)	Mana	-	Where did injury occur?			
17. INFORMANT Walfur &	Mackey		Specily whether injury occurred	(Specify city o in INDUSTRY, In H	or town, county and St OME, or in PUBLIC P	ate) 'LACE.
18. BURIAL, CREMATION, OR REMOVAL	1 0-	10 -	Manner of injury			
Place on aconing Me	Date MAU	1934	Nature of injury			
19. UNDERTAKER A. S. Bo	al		24. Was disease or Injury In any	way related to occur	pation ol deceased?	no
(Address)/ Conscone	ng ma	•	If so, specily		Epanf	
20. FILED 3/6 , 1934 G	l.R. Prai	Registrar.	(Signed)	1 2	tiles	M. D.
		Aegistrar.	(Address)	- de Dorth Less	silly dele	64

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

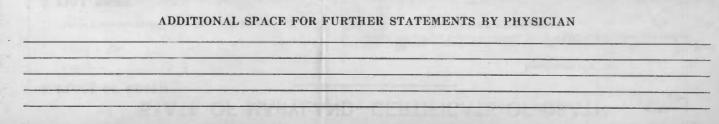
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Zampie 1		Zaumpie II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year



FOR BINDING

MARGIN RESERVED

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is very important. See instructions on back of certificate.	17. INFORM
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STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH		45			

10	60	(1)	1	1)
U	6	2	0)	4

1. PLACE OF DEATH	45
County allegany	Registration Dist. No. 14
Village or City A Mellevslie	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME I SOME MADRIE	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (grite the word)	21. DATE OF DEATH March 3/ 1934
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. The REBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) March 26-1848	I last saw how alive on Rece 12 190 1 190 1 death is said
7. AGE Yeers Months Days If LESS than 1 day,	to have occurred on the date stated above, at 8-1/57.m.
86 O ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	ances Coma 34
Industry or husiness in which	Syr-
work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Date decessed last worked et 11. Total time (years)	
O 10. Date deceased last worked at this occupation (month and 1930 spent in this occupation cocupation occupation	
12. BIRTHPLACE (city or town) Not K-xown  (State or country)	Other Contributory Causes of importance:
13. NAME Joseph Madden	might Descen
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
I House of Es int	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) To Wordslip Med.	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Da, Date april 1984	Manner of injury
19. UNDERTAKER RASA, Sides	24. Wes disease or injury in any way related to occupation of deceased?
20. FILEO 4/1/34, 19 Ja Rloyd Wolfe	(Signed) Jhot h f
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

B.—WRITE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car,	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis ,\	3 days ago
		1 33	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



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	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER	mation should be carefully supplied. AGE should be stated E	CAUSE OF DEATH in plain terms, so that it may be properly of	TION is very important. See instructions on back of certificate.

V. S. No. 1 N. B.

1. PLACE OF DEATH  County Olle gand  Registration Dist No. #	) ()
County (1XX) and	
County Registration Dist, No.	
Village or City lander and No. Thestil of oal st	147
(If death occurred in a hospital or institution, give its NAME instead of street and num	Ward ber)
Length of residence In city or town where death occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME micheal & malamphy	
(a) Residence: No. Christee Goad St., Ward.	
(Usual place of abode)  If nonresident give city or town and Sta	e
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, QR-DIYORCED (wasie the world) 21. DATE OF DEATH 71.	,
Male White Married (Month) (Day).	(Year)
5e. If married widowed or divorced	(Teal)
HUSBAND of (or) WIFE of Certify. Thet I attended dec	eased from
0-1 + 22 (4)	19.3
	eth is seid
7. AGE Yeers Months Deys If LESS then to have occurred on the dete steted above, et 1.7.3.2m.	
ormin.	ate of onset
SAWYER, BOOKKEEPER, etc.	728
9 Industry or business in which work wes done, as SILK MILL, Malanthur Months Months	nu v
O 10. Date decessed last worked at 11. Total time (yeers)	42
this occupation (month and spent in this occupation	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	~~~~
II 13. NAME miched moderathy	9.2.8.
13. NAME muched modamhy 14. BIRTHPLACE (city or town) Neme of operation Dete of	
whet test confirmed diagnosis? Wes there an eutop	sy?
23. If deeth wes due to externel causes (VIOLENCE) fill in etso the following:	
O 16. BIRTHPLACE (city or town) Date of injury	, 19
(Specify city or town, county and State)	
17. INFORMANT The specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
(Address) Casala Med 1	
Plant Hatrick's Case Data Mars 13 in 30	
Nature of Injury	
19. UNDERTAKER	
(Address) Cickellaria Md. If so, specify.	
20. FILED Jarch 13, 1934 Maruel A Please (Signed)	M. D.
Registrar. (Address) Durutes Jairt, Jul	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SI	PACE FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 02254
1. PLACE OF DEATH	(201.0)
County allegging WITHIN CORPOR	ATE LIMITS Registration Dist. No.
Village or City Combestand	No. Allegang Anhital St., Ward death occurred in a hopping or institution, give its NAME instead of street and number)
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wale I Mank	1:110.
(a) Residence: No. (Usual place of abode)	St., Ward. Change and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.89X 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorced.	21. DATE OF DEATH  (Month)  (Oay)  (Yaar)
HUSBANO of Thelma Huggmo	22. I HEREBY CERTIFY. That I attended daceasad from 3-26-34, 19 to 3-26-34, 19
6. DATE OF BIRTH (month, day, end yeer) Sept 11, 1909	I last saw h alive on 3 - 26 - 349 ; daath is said
7. AGE Yaars Months Oays If LESS than I day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Farmer. SAWYER, BOOKKEEPER, atc.	froture y Skule 3.24-04
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last workad at this occupation (month and	
To. Oate deceased last worked at this occupation (month and year)	Rachord "4 automobile collisions Oct. 24, 1934. Curgo
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance: Pentured Ling 22434 Pulman Robelin
13. NAME Samuel In. Smarks  14. BIRTHPLACE (city or town) Jefferson los p	
(State of country)	Name of operation Data of What tast confirmed diagnosis? What tast confirmed diagnosis?
15. MAIDEN NAME Reference Sames.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Control Oate of injury 1939
17. INFORMANT Thermal manks: and .	Where did injury occur? Degray Conformation west of Conformations, mds.  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.  Tailored crossing.
18. BURIAL, CREMATION, OR REMOVAL Place Rank Hall Lyon Oate 29, 1934	Nature of Injury A Kull + functioned lung
19. UNDERTAKER Anno Slem Inc. (Address)	24. Was disease or injury in anyway ralated to occupetion of decaased?
20. Research 2 8, 1934 Sarry N. Oliene	(Signed)M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

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	Example I	11	Example II	
The principal cause of of importance were as	prop prop	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECENTED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	TER 6 ASSA	July 5, 1927	Peritonitis	3 days ago
1	BRIGENIEN-S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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02255

(Year)

Date of enset

That I ettended deceased from

Wes there an autopsy?

(Oay)

Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example II		Example I
The principal cause of death and related causes Date of onset of importance were as follows:  Attack of epilepsy 1 week ago		The principal cause of death and related causes of importance were as follows:  Arteriosclerosis
Run over by street car 1 week ago	1921	Chronic interstitial nephritis
Perilonilis 3 days ago	July 5,1927	Cerebral hemorrhage
		PUNDAU V. S.
Other contributory causes of importance:	ice:	Other contributory causes of importance:
Gastroenteritis 1 year	May 1,1923	Gallstones

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Registration Dist. No. County (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth? \_\_\_\_\_\_yrs. \_\_\_\_\_mos. \_\_\_ Length of residence in city prown where death occurred statement (a) Residence: No. (Usual place of about) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH 3. SEX 4. COLOR OR RAGE OR DIVORCED (qurite the word) 0 (Day) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I altended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate properly Af LESS than 7. AGE Years Months Davs hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... mio. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc ..... may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc ..... 1D. Date deceased last worked al 11. Total time (years) this occupation (month and year) spent in this so that occupation\_ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State er country) in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What lest confirmed diagnosis? ...... Was there an autopsy?..... carefully MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: ant Accident, suicide, or homicide?..... Date of injury...... 16. BIRTHPLACE (city or town (State or country) Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods OF (Address) 18. BURIAL, CREMATION OR REMOVAL Mannor of injury CAUSE mation Nature of injury LION 24. Was disease er injury in any way related to occupation of deceased?\_ 19. UNDERTAKER If so, specify (Address) (Signed) \_\_ I Huan. (Address) ... Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenterilis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 19957
1. PLACE OF DEATH WITHIN COR	POPATE LIMITS 63-2
County Miligury	Registration Dist. No.
Village or City Commerciand	No. 546 g. Centre St., 2 Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME man C man	,
(a) Residence: Np. 546 B. Centre	Ct O Word
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or givorced	21. DATE OF DEATH (Month) (Month) (Year)
HUSBAND of Cor) WIFE of Carmy Snay	22 I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Africe 15-1867	I last saw h 2 alive on 3 - 29 3 4, 19 ; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, at
66 11 1. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, AMYER, BOOKKEEPER, etc.	Muyocardetes chronic 2
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	0
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Per Baltings	Other Contributory Causes of importance:
(State or country) Par.	Julionry eller 3-29.34
13. NAME file of Strank	0
13. NAME Pitting Strank  14. BIRTHPLACE (city or town) (Stete or country)	Neme of operation Date of Was there an autopsy?
15. MAIDEN NAME Tuhlman	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Jaron Ing	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION OR REMOVAL Pulsoder 4/2, 1934	Manner of injury
19. UNDERTAKER Atmis Stand Inc. (Address)	24. Was disease or injury In any way related to occupation of deceased?
20, Rarsh 90, 1034 Rusey N. Wees Registrar.	(Signed) M. D.  (Address) David
	V

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cercbral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	NTS BY PHYSICIAN
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County allemy	Registration Dist. No.
V , =	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 4.3 yrs,mos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( ling fone )	Monus
(a) Residence: No. B. K. (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.     HEREBY CERTIFY, That   ettended deceased from
	Feb 15 , 1934, to march 8 , 1934
6. DATE OF BIRTH (month, day, and year) Way 17, 1861	I last saw have alive on Manuel 8, 19; death Is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
7V // 9 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc	· Hartungsonian dayson
9. Industry or business in which	Earethal amboliones
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total time (years)	
year)	Diher Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Before	Parlingsonand drease "
(State or country) chelford,	0
13. NAME homos M'Monas  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Jone ME Cuthern	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Slonge M M concert (Address) Paraconiems M	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place June 4 Date Morte 1939	Nature of injury
19. UNDERTAKER A) S' Broad (Address) A Than S M d	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Marll , 19 & 4 Helbellaus Registrar.	(Signed) Fredry M. D. (Address) Me Lewbort
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

1,0050

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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		, PHYSI-
	CORD	EXACTLY,
U	ا ا ا	be stated
DING	MAN	uld b

PLACE OF DEATH	STATE OF MARYLAND
County allegancy	CERTIFICATE OF DEATH
	Registration Dist. No. 9
Village of morastown (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, Single WIDOWED.  OR DIVORCED (Write the word)	16 DATE OF DEATH March 15, 19\$4  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HERELY CERTIFY, That I attended the deceased from
aug 1 . 1873	192 to 192
(Moath) (Day) (Year)	that I last saw halive on, 192,
7 AGE   If LESS than   I day hrs	
6/ yrs. 7 mos. 3 ds. or min.	
e occupation (a) Trade, profession or	Tourd dead - field.
particular kind of work C. W. W. Morket	no autofolsy
business, or establishment in which employed or (employer)	Matural Causto mosds.
9 BIRTHPLACE (State or country) (C. Chart md	Contributor informations Civil B. Secondary (Duration) yis mos. ds.
10 NAME OF FATHER	(Signed) a. R. Halker M.D.
IL BIRTHPLACE / ames / Organ	3/14 1934 (Address) Talettine
OF FATHER (State or country)  Seotland	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Many Durkin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents)  At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Patrick Drum	Former or usual residence
(Address) & chhan md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Transferred (75, 1934)
15 3/14 MAY O. P. Warley	The party of the state of the s
Filed 1924 Gilli / Carrott	20 UNDERTAKER ADDRESS Santhurg



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (ne state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation Laborer--Coul mine, etc. Wom-Locomolive engineer,

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.:se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> secident; Revolver wound of head-homicide; I'nimed by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all use of "Tumor" for malignant neoplasms); Meusles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature lelanus) may be stated under the head of "contributory." earbolic acid-probably suicide. The n ture of the injury, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," eausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences e g., sepsis, Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-(secondar; Whooping cough; Chronic Chronic interstitial nephritis, Recommendations on statement of cause of "Atrophy," "Collapse." "Coma," "Convulsions, Never report mere symptoms or terminal condi name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be etc. The contributory valvular heart disease,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02260
1. PLACE OF DEATH	<u> </u>
County Allegany WITHIN CORPO	ORATE LIMITS Registration Dist. No.
Village or City Cumberlandy Md	No. Wegday Tospital St., # Ward death occurred in a horpital or inslitution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	.33 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Itulian dansence	Murray of
(a) Residence: No. (Usual place of abode)	St., Ward. Hancock If nonresident give city of town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male of hite   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Acres (Month) (Day) (Year)
5a. If married, widowell, or divorced HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) (185.1	I lest saw h less live on R 25, 19 3 y death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 4:20p.m.
81 11 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were es follows:
8. Trado, profession, or particular kind of work done, as SPINNER Lung Stock Deales SAWYER, BOOKKEPER, etc.	Seile Rueskons
Kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9: Industry or business In which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this propagation (month	Relige V
SAW MILL, BANK, etc	
this occupation (month and 1927 spant in this occupation 60 yrs	d d
12. BIRTHPLACE (city or town) Janesele	Other Contributory Causes of importance:
(State or country) Vashington Country, Md.	allus-telesores
E 2/	(000) FD 105 35
(Stelle or country) maryland	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Jawkens	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Seeland	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT awrence Murragy for (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  PROPERTY OF THE PROPERTY OF	Manner of injury
19. UNDERTAKER Shedowe I senking (Address) I am collect md	Nature of injury  24. Was disease or injury in any way related to becapation of deceased.
20. FREderich 26, 1934 Harrieg & Weese Registrar.	(Signed) Sellelland M. P.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C. F. 1 V	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset  1 week ago 1 week ago	
Arteriosclerosis	1915 1921	Attack of epilepsy		
Chronic interstitial nephritis		Run over by street car		
Cerebral hemorrhage	July 5, 1927	Peritonitis • · · · · · · · · · · · · · · · · · ·	3 days ago	
BECEIVED				
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
REPORTE V. S.	1			

	(MORLII)	(Day)	(Tear)
2. Mich ER	EBY CERTIF	Y. That I attend	ded deceased from
I last saw h aliv	200 - 8	114 3	24
	7	a. 19-	; deeth is said
to heve occurred on the d	OF DEATH and related cau	M.	
were as follows:		ses of importance	Data of onset
		()	
o na	ofun	crash	75
			mel
			1734
Other Contributory Cause	of importance:		
			nich
22	onche		7
	pner	endra	1430
Name of operation		Date o	
What test confirmed diegr	nois Clinica	8	an autopsy? 24
	ernal causes (VIOL ENCE) I		
Accident, suicide, or homi	cide?	Date of injury	, 19
Where did injury occur?	(Specify city o	r town, county and	State)
Specify whether injury oc	curred in INDUSTRY, in H	OME, or In PUBLIC	PLACE.
Manner of injury			
Nature of injury			
4. Was diseese or injury	in any way related to occur	pation of deceased?	
(Signed)	133 Va	ver	M. D
(Address)	133 Wa	(	
2 24. Charles Street, Dalli	more, Requesting U. S. No	. I.	

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	l	Example II		
The principal cause of importance were	e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	ephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APH N 1904	July 5,1927	Peritonitis	3 days ago	
B	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

Village or City In the control of the course of the co	1. PLACE OF DEATH	ATHIN EGIPOMATE LIMITS (	(3)
Longth of residence in city or town where seath occurred. 9 ys. 4 no. 26 ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME Laydad Mental Database College of shock)  (a) Residence: No. Saatase College of shock)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	County allegand	LIMITS	Registration Dist. No. 9
Length of residence in city or town where frash occurred A. J., ys. A. no. 26. ds. Now long in U.S. if of foreign birth?  2. FULL NAME  (a) Residence: No. Death of Usual place of shoole)  PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR RACE  S. SINGLE, MARRING, WIDOWED, OR DIVORCE) (upire the word)  S. If married, widowed, or divorced  (HUSAND OF BERTH (month), day, and year)  4. DATE OF BERTH (month), day, and year)  5. DATE OF BERTH (month), day, and year)  6. DATE OF BERTH (month), day, and year)  7. AGE  8. SINIER, BOOK REFFER, etc.  8. J. Industry or bouleness in which the date stated above, etc. 20. Lm.  8. AN WILL, BANK, etc.  9. Industry or bouleness in which the date stated above, etc. 20. Lm.  8. AN WILL, BANK, etc.  9. Industry or bouleness in which the date stated above, etc. 20. Lm.  8. AN WILL, BANK, etc.  9. Industry or bouleness in which the date stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations are a stated above, etc. 20. Lm.  10. Date of locations	Village or City Lastbur	1 md.	
(a) Residence: No. Datas (Usas) lace of shode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKIED, WIDOWED, Og DOVORCED (early the world)  52. If named, widowed, or divorced  (cr) Wife of Named (cr) Wife of N	Length of residence In city or town where d		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  9. S. SINGLE, MARRIED, WIDWED  9. DATE OF DEATH  19. The procession or perticular  5. L. HERE BY CERTIFY. That I attended decreased from the date stated above, or device of the procession or perticular  7. AGE  1. LESS than  1. Less tawn harm and related causes of importence were as follows:  8. DATE OF DEATH and related causes of importence were as follows:  9. Industrial Auditory  10. June 11. The principal degrees of importence:  12. DIRTHPLACE (city or town)  13. AMME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. State or country)  17. INFORMANT  18. DATE OF DEATH  18. DATE OF DEATH  19. June	2. FULL NAME Laward	Denry Phillis	ks
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  9. S. SINGLE, MARRIED, WIDWED  9. DATE OF DEATH  19. The personal state of the word of the personal state of the	(a) Residence: No. Barton	w. md.	St., Ward,
3. SEX  4. COLOR OR RACE  9. SINGLE, MARRIED, WIDOWED, 19. SINGLE, MARRIED, 19. SING		(Usual place of abode)	If nonresident give city or town and State
Sa. If married, witdowed, or divorced HUSBADO (Month) (Bay)  53. If married, witdowed, or divorced HUSBADO (Month) (Bay)  5. DATE OF BIRTH (month, day, and yeer)  6. DATE OF BIRTH (month, day, and yeer)  7. AGE  8. DATE OF BIRTH (month, day, and yeer)  8. DATE OF BIRTH (month, day, and yeer)  9. July  1. LESS than 1. day.  9. July  1. Less than 1. day.  9. July  1. Saw h. Aut.  1. Sin beve occurred on the date stated above, et & 7. A. D.  1. Industry or business in which work as done, as SPINNE,  SAW PRE, BOOK REFER, etc.  9. July  1.			
52. I HEREBY CERTIFY. That I attended accessed from this part of the part of t	3. SEX 4. COLOR OR RACE	OR DIVORCED (write the word)	Mss. 16 , 193 4
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than I day, hrs. or min.  8. Trade, profession, or perticular SANYER, BOOKKEPER, etc.  9. Trade, profession, or perticular SANYER, BOOKKEPER, etc.  10. SANYER, BOOKKEPER, etc.  11. Total time (years) spant in this, occupation of this occupation of the date stated above, etc. 20 cm.  12. BIRTHPLACE (city or town) Boutone (State or country)  13. NAME  14. BIRTHPLACE (city or town) Boutone  15. BIRTHPLACE (city or town) Boutone  16. State or country)  17. Informant Country Buildings  18. BURIAL (SCE) Buildings  19. 34. death is sei to the wee occurred on the date stated above, etc. 20 cm.  19. Understaker of DEATH and related causes of importence were as follows:  19. Understaker of DEATH and related causes of importence were as follows:  10. Determine the date stated above, etc. 20 cm.  11. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  12. BIRTHPLACE (city or town) Boutone (State or country)  13. NAME  14. BIRTHPLACE (city or town) Boutone (State or country)  15. BIRTHPLACE (city or town) Boutone (State or country)  16. BIRTHPLACE (city or town) Boutone (State or country)  17. INFORMANT Charles Phillips  18. BURIAL (SEMATION) OR REMOVAL Place Boutone, Main or in plus of injury  19. UNDERTAKER Section of the Causes of importence:  19. UNDERTAKER Section of injury and state or injury in eny way related to occupation of deceased?  19. UNDERTAKER Section of injury in eny way related to occupation of deceased?  19. UNDERTAKER Section of injury in eny way related to occupation of deceased?  19. UNDERTAKER Section of injury in eny way related to occupation of deceased?  21. Kes disease or injury in eny way related to occupation of deceased?  22. Killed Section of injury in eny way related to occupation of deceased?  23. Gigned Section of injury in eny way related to occupation of deceased?  24. Was disease or injury in eny way related to occupation of deceased?  24. Was disease or injury in eny way related to occu	5a. If married, widowed, or divorced		
T. AGE  Years  Months  Days  II LESS than 1 day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  No Pate deceased last worked at the country)  BIRTHPLACE (city or town)  (State or country)  May 1 day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  Other Coatributory Causes of importence:  Other Coatributory Causes of importence:  Other Coatributory Causes of importence:  Date alones  Other Coatributory Causes of importence:  Other Coatributory Causes of importence of imp	(or) WIFE of Nammels	Phillips	22. I HEREBY CERTIFY, That I attended decreased from
The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importence as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The PRINCIPAL CAUSE OF DEATH and related as follows:  The	6. DATE OF BIRTH (month, day, and yeer)	ne 19.1875	I lest saw hall alive on which 33 1934; death is se
Trade, profession, or perticular wind of work done as SPINNER.  SAWYER, BOKKEPER etc.  9. Industry or business in which was done as SPINNER.  10. Date deceased last worked as SPINNER.  11. Total time (years)  Saw Mill, BANK, etc.  10. Date deceased last worked at his occupation through and year)  12. BIRTHPLACE (city or town).  Sate or country)  13. NAME  14. BIRTHPLACE (city or town).  Sate or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  Sate or country)  17. INFORMANT:  Charles Profession.  Charles Profession.  Specify whether Injury occur?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Baster, MS.  Date Mall.  Date Mall.  Date Mall.  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  19. UNDERTAKER S.  Specify matter of injury.  Nature of inju	7. AGE Years Months		to heve occurred on the date stated above, et 6:200 m.
Tride, profession, or perticular that the state of the st	59 8		were se followe:
Other Coatribatory Causes of importence:  12. BIRTHPLACE (city or town)	Z & Trade, profession, or perticular	)= )=	Date of one
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) Bouton (State or country) May land  14. BIRTHPLACE (city or town) Lingland (State or country)  15. MAIDEN NAME Mannee Milly (State or country)  16. BIRTHPLACE (city or town) Bouton (State or country)  17. INFORMANT Charles Phillips (State or country)  18. BURIAL, CREMATION, OR REMOVAL Place Bouton, Md.  19. UNDERTAKER S. S. Boal (Address)  19. UNDERTAKER S. S. Boal (Address)  19. UNDERTAKER S. S. Boal (Signed)  19. UNDERTAKER S. S. Boal (Signed)  10. State or injury in eny way related to occupation of deceased?  11. INFORMANT S. Boal (Signed)  12. State or injury in eny way related to occupation of deceased?  13. Specify (Signed)  14. BIRTHPLACE (city or town) Lands or injury in eny way related to occupation of deceased?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Bouton (State or country)  Where did injury occur?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER S. S. Soal (Signed)  16. State or country)  17. INFORMANT S. Soal (Signed)  M. INDUSTRY IN ENGAGEMENT OF DECEASED?  (Signed)  M. INDUSTRY IN ENGAGEMENT OF DECEASED.  (Signed)	SAWYER, BOOKKEEPER, etc.	nener	- Chr. Julis Mil repunder 19/1/3
Other Coatribatory Causes of importence:  12. BIRTHPLACE (city or town)	9. Industry or business in which work was done, as SILK MILL,	el mines	
Other Coatribatory Causes of importence:  12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.	11 Total time (years)	
Other Contributory Causes of importence:  Other Contributory Causes of i		spant in this	4
(State or country)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Place  Baston  Dete of  What test confirmed diagnosis?  Was there an au'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  Where did injury occur?  Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of Injury  19. UNDERTAKER  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. I	B+		Other Contributory Causes of importence:
13. NAME The Lace (city or town) Ingland 'Name of operation		l.	-
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Battor  (State or country) maryland  17. INFORMANT: Charles Phillips  (Address) State  18. BURIAL, CREMATION, OR REMOVAL  Place Bastor, md' Date Maryl State  (Address) State  19. UNDERTAKER  19. UNDERTAKER  20. FILED 18. 1954 Q, Maryland  What test confirmed diagnosis? Was there an au'opsy?  22. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury occur?  Where did injury occur?  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. UNDERTAKER  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed) M. E.	1 0 11 11	0.1.1	
What test confirmed diagnosis? Was there an au'opsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Battor  (State or country) mayland  17. INFORMANT: Charles Phillips  (Address) State  18. BURIAL, GREMATION, OR REMOVAL  Place Bastor, md' Date May! 8, 1924  19. UNDERTAKER State  (Address) State  24. Was disease or injury in eny way related to occupation of deceased?  (Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) State  Nature of injury  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Signed) M. E.  What test confirmed diagnosis? Was there an au'opsy?  25. Was there an au'opsy?  26. BIRTHPLACE (city or town) Battor in public places (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of Injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Manner of injury  Nature of Injury  (Signed) M. E.  26. Was disease or injury in eny way related to occupation of deceased?  (Signed) M. E.	I want on the	la d.	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. UNDERTAKER  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed)  M. I	14. BIRTHPLACE (city or town)	asco	
Where did injury occur?  17. INFORMANT: Charles Phillips (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Baston, mst Date Mest 18, 1921  19. UNDERTAKER S. S. Boal (Address)  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify (Specify city or town, county and State)  Specify whether Injury occur?  Specify whether Injury occur?  Specify whether Injury occur?  Nature of injury  Nature of Injury  19. UNDERTAKER S. S. Boal (Address) (Address)  Specify whether Injury occur?  Nature of injury  Nature of Injury  (Signed)  M. I.  Where did injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify whether Injury occur?  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)	LI 15. MAIDEN NAME MANAGE	mill. 1	
Where did injury occur?  17. INFORMANT: Charles Phillips (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Baston, mst Date Mest 18, 1921  19. UNDERTAKER S. S. Boal (Address)  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify (Specify city or town, county and State)  Specify whether Injury occur?  Specify whether Injury occur?  Specify whether Injury occur?  Nature of injury  Nature of Injury  19. UNDERTAKER S. S. Boal (Address) (Address)  Specify whether Injury occur?  Nature of injury  Nature of Injury  (Signed)  M. I.  Where did injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify whether Injury occur?  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)  Specify whether Injury occur?  Specify city or town, county and State)	H Books	- march	
17. INFORMANT: Charles Phillips  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Baston, mst Date Mest 18. 1924  Nature of Injury  19. UNDERTAKER S. Boal  (Address)  24. Was disease or injury in eny way related to occupation of deceased?  If so, specify  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER S. Boal  (Address)  (Address)  (Address)  Manner of injury  Nature of Injury  (Signed)  M. E. County and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)	State or country)	land'	
18. BURIAL, CREMATION, OR REMOVAL  Place Baston, ms. Date Med. 18., 1924  Nature of Injury  19. UNDERTAKER S. S. Boal  (Address) Baston, may Manner of injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed) M. E. C. Signed) M. E. Signed) M. E. C. Signed) M. E. C. Signed) M. E.		hillips	Specify city or town, county and State)
Place Baston, md' Date Med' 8 ., 1921.  19. UNDERTAKER D. S. Boal (Address) Baston, may Make the second of the sec		,	Manager of Indian
(Address) / Barton may Aralka If so, specify (Signed) M. An enymost M. E. M. E	meallo 1- 11	Date Med 18 , 1924	
20. FILED 3/18 , 1954 a, K, Stalker (Signed) M. An enymon M. E.	19. UNDERTAKER D. S. Boal	2	24. Was disease or injury In eny way related to occupation of deceased?
20. FILED	(Address) / Barton 1	nas A	If so, specify
	20. FILED 18 , 195 4 Q	K Brakker Registrar.	

V. S. No. 1

COLD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

AGE should be

UNFADING

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

FOR BINDING

MARGIN RESERVED

Exact statement of OCCUPA.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	гн			<u> </u>
County allegacy					Registration Dist. No. 12
Village or	r City	edan			St.,War
Langth of r	residence In cit	ty or town where	death occurred		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
		Itil	10 - 7		
2. FULL N		SMA	wom V	Duna.	
(a) Resid	lence: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSC	NAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLO	R OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH much 15 (Month) (Day) (Year)
5a. If married, wid	dowed, or divo	rced			
(or) WIFE of					22. I HEREBY CERTIFY. That I attanded deceased fro
			March	15.1934	Llast saw M. Caffe on 3/1 19. 74 death is sa
6. DATE OF BIRT 7. AGE	H (month, day Years	(, and year)  Months	Days	If LESS than	to have occurred on the date stated above, atm.
				1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, pre	ofession, or pa	articular		1 01	were as rollows:
SAWY		as SPINNER, PER, etc.			Somtanenis alului
9. Industry	or business in was done, as S	SILK MILL,			
	MILL, BANK, aased last wor		11. Total !	ime (years)	
	ccupation (mo	nth and	spe	ntin this upation	
DIDTIIDI . CO	/-:A A>	1 les	au h	nd	Other Coutributory Causes of importance:
12. BIRTHPLACE (State or o					
2 13. NAME					
13. NAME	ACE (city of to	own)			Name of operation Date of
(State	e or country)		75 /		What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN	NAME	rleil	Polace	2	23. If death was dua to external causes (VIOLENCE) fill in also the following:
	ACE (city or to	own) The	mylow		Accident, suicide, or homicide?, 19, 19, 19, 19, 19
≥ (State	a or country)	· 0			Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT USU Paluum (Address)					Spacify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury
Place, 19					- Nature of injury
19. UNDERTAKER					24. Was disease or Injury in any way related to occupation of decaased?
(Address)			100	7-4-0	If so, specify
20. FILED Fe	6.16.	19.3.4	Ry	Kakem- Registrar.	(Signed) MATURE M. (Address) Malant M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Statement of cause of death.—Cause of death moans the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
THE SEAL VEGE	100			
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

statement PHYSICIAN

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BINDING

RESERVED FOR

MARGIN

V. S. No. 1

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DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

The principal cause of death and related causes of importance were as follows:  Atlack of epilepsy  Run over by street car	Date of onset  1 week ago
	1 week ago
Run, over by street car	T
2007 CCC CII CCC CCC	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year
	Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.

- EIMI 18 38	3		
		Dist. No	4
No. Memorial occurred in a hospital or instit	ution, give its NAM	AE instead of street a	Marchael Ward
st., Md. Ward.	If nonreside	nl give cily or lown	and State
MEDICAL C	CERTIFICAT	E OF DEATH	1
DATE OF DEATH			
<u>.</u>	Month)	29, (Day)	(Year)
1 HEREB	Y CERTII	FY. That I attend	ded deceased from
st saw h_ex alive on	<i>5</i> -	79193	death is sai
have occurred on the date state PRINCIPAL CAUSE OF DEA			
ra as follows:		On I la	Data of onset
Carcine	ma of	bladde	1 193-
her Contributory Causes of im	portance:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ma of operation ho	n to	Date of	of

23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Data of injury\_\_\_\_\_

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE

24. Was disease or injury in any way related to occupation of deceased?

(Address)

MARGIN RESERVED

FOR BINDING

S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	man year	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF M	MARYLAND-	CERTIFICAT	E OF	DEATH
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STATE OF WARTLAND	UZZ67
1. PLACE OF DEATH	9
ounty of gate	Registration Dist. No.
Village or City Augustus	No. Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Stillborn Russell	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	march 3 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
E DATE OF PIPTH (month day and was) march 3-34	- 3/3 , 19.34 to 3/3 , 19.37
G. DATE OF BIRTH (Month, day, and year)	I last saw har there in 9/19.71; death is sald
1 day,hrs.	to have occurred on the date stated above, at.————————————————————————————————————
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Somtaneous aboution
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	-
O 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
To melen his	Other Contributory Casses of importance:
12. BIRTHPLACE (city or town) (State or country)	-
13. NAME Clarence Cecil Russell	
13. NAME Clarence Cecil Russell  14. BIRTHPLACE (city or town) Bustin Ind.	Name of operation Oate of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clemma Oye	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME Clemma Bye  16. BIRTHPLACE (city or town) many claud  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur?(Specify city or town, county and State)
17. INFORMANT MV. Clarent Kussell (Address) Boulann	Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
PlaceDate19	Nature of Injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 3/30 ,1934 UIF. Stalker	(Signed) M. D.
Registrar.	(Address) MacGarda

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc..

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I			Example II		
The principal cause of deat of importance were as follows:	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	100 a 1600	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	PUNEAU V	July 5,1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		X			

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02268
4 DI AGE OF BEATH	
I. PLACE OF BEATH	93-2
County Allegary MARATE	Registration Dist. No.
Village or City Twatter The	No. St., Ward
1	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
TAO	TOWN TOTAL CO. S. T. VI TOTAL CO. S. VI TOTAL CO. S. T. VI TOTAL CO. S. T. VI TOTAL CO. S. VI TOTAL CO. S. V
2. FULL NAME James A. Kyan	No. 1
(a) Residence: No. 109 Wood St. Frost burg	St., Md. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	9, 193, 4
5a. If married, widowed, or divorced	(Month) (Day) (Yearf)
(or) WIFE of Margaret M. Ryan	22. 7   I HEREBY CERTIFY, That I attended deceased from
margore 1 m. 11 far	0 2N - 2 3 , 1934, 10 MM. 3 , 1934
6. DATE OF BIRTH (month, day, end year)	I last saw h_M_ alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at $4=20$ $\sigma$ m.
82 8 21 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Kind of work done, es SPINNER, Sales man	Myo Caroliles Chronic. Mayor
kind of work done, as SPINNER, Sales man SAWYER, BOOKKEEPER, etc. Sales man 9. Industry or business in which work was done as SILK MILL O. A. C. C. C.	Duration not known cure
9. Industry or business in which work was done, es SILK MILL, Patapsco Oil & Grease G. SAW MILL, BANK, etc.	
O 10. Date deceased last worked at	
this occupation (month and year) this occupation occupation 30	
	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Mr. State wine, Allegary C. (State or country) Maryland	
	Millio-allehous.
13. NAME John Kyan  14. BIRTHPLACE (city or town)	
[ 14. BIRTHPLACE (city or town)   1   14. BIRTHPLACE (city or town)   1   15. BIRTHPLACE (city or town)   1   15. BIRTHPLACE (city or town)   15. BIRTHPLACE (	Name of operation Date of
	What test confirmed diagnosis? Was there en au'opsy?
15. MAIDEN NAME Mary holan Kyan  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT YN QY STRT, Nydn (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St. Michaels Deto Mar. Lille, 1934	Nature of injury
19. UNDERTAKER Jacob Hafer, Frostburg Md.	24. Wes disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED , 6 , 1934 a.R. Halken	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimose Requesting V. S. No. 1.

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street eor	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
1-1-			
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
		-	
		Fly Time	
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street eor July 5,1927 Peritonitis  Other contributory causes of importance:	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1 Ω,

		CERTIFICATE OF DEATH	2269
1. PLACE OF DEATH	WITHIN CO		1
County A LLEGANY		Registration Dist. No.	
Village or CityCUMBERLANI	)(IF	No. NENORIAL HOSPITAL St. death occurred in a hospital or institution, give its NAME instead of street and	number) Ward
Length of residence in city or town where deat	th occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsn	nosds.
2. FULL NAME SIMMONS	BABY BOY		
(a) Residence: No. BAYARD,	W VA (Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX   4. COLOR OR RACE   5   MALE   WHITE	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH  March 27,  (Month) (Day)	., 193 4 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended  March 26 1934 to March 2	
6. DATE OF BIRTH (month, day, end year)	ch) 26. 1934	I last saw h im alive on Juanch 26, 1934	c; death is said
7. AGE Years Months	Days If LESS than 1 day, 2 hrs.	to have occurred on the date stated above, at . 8:15Am.	
1 -   -	1 day, hrs. or - min.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were es follows:	Date of onset
3. Trade, profession, or particular			3/4/1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Cicute brouchilis	1/4/34
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date deceased last worked at this occupation (month and year)	II. Total time (years) spantin this occupation		
12. BIRTHPLACE (city or town) MARYLA (State or country)	ND	Other Contributory Causes of importance:	3/97/34
置 13. NAME CLAUD SIMMON	S		1 -1
13. NAME CLAUD SIMMON  14. BIRTHPLACE (city or town) MAF  (State or country)	RYLAND	Name of operation Oate of What test confirmed diagnosis Physical Care Was there an	au'opsy? Quo
15. MAIOEN NAME EFFIE CULI	ERS	23. If death was due to external causes (VIOL ENCE) fill in elso the following	ng:
15. MAIOEN NAME EFFIE CULI 16. BIRTHPLACE (city or town) WES (State or country)	ST VIRGINIA	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT MEMORIAL HOSE (Address) CUMBERLAN		(Specify city or lown, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
18. BURIAL, CREMATION, OR REMOVAL Place By and WWW	Date Moreles As 34	Menner of injury	
19. UNOERTAKER O H Sha (Address)	ylus	24. Was disease or injury in any way related to occupation of deceased?f	no
235 rel 217 134 Au	men Homen	(Signed) Water Western &	Terd D.

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	1915	Attock of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
- BUREAU Ves				
the second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gostroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF I	MARYLAND-	CERTIFICATE	OF DEATH
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1. PLACE OF DEATH	WITCHN 000	02270
County Allegan	WITHIN COH	Registration, Dist. No.
Village or City Lahandes	leved.	No. Manager Ward f death, occurred in a hospital or institution, one its NAME instead of street and number)
Length of residence in city or town where d		
2. FULL NAME Lame	L mest s	loan
(a) Residence: No. 333 A	(Usual place of abode)	St., / Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Inale Monte	5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the work)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If merried, widowed or proceed HUSBAND of (or) WIFE of	chom	22. I HEREBY CERTIFY. Thet I attended deceased from 1934, to Man. II 1934
6. DATE OF BIRTH (month, day, and year)	me 24, 1875	I last saw h JM2 alive on Man, 10 , 1934; death is said
7. AGE Years Model's	Deys If LES9 then 1 day,hrs.	to heve occurred on the dete steted ebove, at
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clamber.	Minocardish failure Ozc. 193
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this executation (month and	deneral.	
10. Date deceased last worked at this occupation (month and yeer)	11. Totel time (years) spent in this occupation	
12. BIRTHPLACE (city or town)	1.1/	Other Contributary Canses of Importance:
(Stete or country)	fa.	- Syphilis
14. BIRTHPLACE (city or town)	0A-7/	Name of operation The Date of
(State of country)	1.00.	Whet test confirmed diegnosis? Lust Call Y Fath. Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	2 9/2)	23. If death was due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Mo Ancy (Address)	Slow	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Manual Manu	1-8h mar 121034	Menner of injury
19. UNDERTAKER Somis Ste	m Ine	24. Was disease or injury in any way related to occupation of deceased?
20 Bootseh 12, 19348	Kruy A News Registrar.	(Signed) Mathus to June 3 M.D.  (Address) 40 M. Dubrity 3t.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial ne	ephritis		Run over by street car		
Cerebral hemorrhage	FRECEIVED	July 5, 1927	Peritonitis	3 days ago	
	2 (- 14/4				
Other contributory causes of importance:  Gallstones		May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

1. PLACE OF DEATH County Allens	WITHIN COR	RPORATE LIMITS Registration Dist. No.
Length of residence in city of fown when  2. FULL NAME		No
(a) Residence: No. // 9	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Honale White	5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the wort)	21. DATE OF DEATH  8- (Month)  (Day)  (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of	t. Small	22. I HEREBY CERTIFY. That I attended deceased from 1932, to 3/15, 1934
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months	0230 1863 Days / If LESS then	I lest saw h_41- alive on 3/15 , 1934; death is say to have occurred on the date stated above, at 10 P. m.
70 4	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date otons
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Unsmife	Caremonia of Live 1932
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years) spent in this	and Gall Bladde
year)	Same a	Other Contributory Causes of Importance:
(State or country)	a Hodel	
13. NAME  14. BIRTHRUACE (city or town)  (Stete or country)	thokum	Name of operation 2x plonal or Date of 115/3.  What test confirmed diagnosis? Explonation Physics there an autopsy? 2
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	D'Common	23. If deeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town)	of many the	Where did injury occur?
17. INFORMANT MANY 2. A. (Address)	malf	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Place And Jack	en) Date Inav 17, 1934	Manner of injury
19. UNDERTAKER Armo Ste. (Address)	no Ine 3	24. Was disease or injury In any way related to occupation of deceased?
20, Kernich 1703 40	January & Olican Registrar.	(Signed) At the M.

V. S. No. 1

RESERVED FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onsat	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 0 1994				
Other contributory causes of importance: S.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			97997	

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	important. See instructions on back of certificate.	

STATE OF MARYLAND	CERTIFICATE OF DEATH 02272
1. PLACE OF DEATH	PORATE LIMITS 98-C
County Ollegany	Registration Dist. No.
Village or City Constelland (If	No 305 Acad St. Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Talward B. S.	nith
(a) Residence: No. 305 Anch	St.,6-2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SIGGLE, MARRIED, WIDOWED, OR DEFORCED write the words	21. DATE OF DEATH Mar. 7 193 4 (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of Aman Husban	22. I HEREBY CERTIFY, That I attended deceased from
11.11251661	I last saw h alive on mar 7, 19 34; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:25 m.
1 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	Chronil Myocardina
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at 11 Total time (yers)	
this occupation (month and year) spant in this occupation	
	Other Contributory Causes of Importance: Jambonia 3/5/34
12. BIRTHPLACE (city or town)  (State or country)	Cerebral James 18/34
I 2/	***************************************
44. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIDLENCE) fill In also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A FAMILY (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF DEMOVAL	Manner of injury
Placello llest and boda man 10,034	Nature of injury
19. UNDERTAKER Amio Stein Ing	24. Was disease or injury in any way related to occupation of deceased?
20. FILE March 9, 1924 Objanny & Oren	If so, specify (Signed) Clay 6. Durse M. D.
Registrar.	(Address) Climbertand, Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

If so, specify \_\_ (Signed)\_\_\_

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Registrar.

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(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
APR 5 1934				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE

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certificate.

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See instructions on back

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02274

1. PLACE OF DEATH			942	
County Alle any			Registration Dist. No. 6	
Village or City Vesteri	mort, Ma	R.F.D.	NoSt.,	Ward
Length of residence in city or town where d	eath occurred2		death occurred in a horpital or institution, give its NAME instead of street and the street and	
2. FULL NAME Pearl Smith	1			
(a) Residence: No.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATIST	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX		RIED, WtDOWED, D (write the word)	21. DATE OF DEATH    March 5, 103- (Month) (Day)	4-193(Year)
5a. If married, widowed, or divorced HUSBAND of Charles D. Si (or) WIFE of	nith		22. I HEREBY CERTIFY, That I ettended Jan. J. 1934, to March 5, 49	deceased from
6. DATE OF BIRTH (month, day, end year)	ch, I6,	I880	I last saw h r alive on larch 3 184	
7. AGE Years Months 53 II	Days I9	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at4 * I Cm_A . M .  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
S. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	nuse-wife		Coronary Thrombosis	Date of onset
10. Date deceased last worked et this occupation (month end year)	spa occi	ime (years) nt in this upation33	Other Coutributory Causes of importance:	
12. BIRTHPLACE (city or town) Luke (State or country)	Mda		Hypostatic Pneuronia	D/I/34
13. NAME Daniel St	etert			
14. BIRTHPLACE (city or town) Bart	on, Md.		Name of operation Date of	
(Stete or country)			What test confirmed diagnosis? Wes there en a	u'opsy?_No
15. MAIDEN NAME Hattie Ro	55		23. If death was due to externat causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)Barto (State or country)	n, Md.		Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT C.D. Smith (Address) Westernport,	Md. R.F.	.D.	(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL/	a) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place westernport, Md.	Date Marc	h 8 , <sub>19</sub> 34	Manner of Injury	
19. UNDERTAKER S. Q. (Address) B and	300	id.		io
20. FILED March 6 , 1934	Beznet	Registrar.	(Signed) (Address) esternport Ld.	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

02275

1	. PLACE OF DEATH		<u> </u>	
	County allaam	4	Registration Dist. No. 12	
	Village or City Middle	ud	No. St., Wa	rd
	Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmoa	rle.
Н	14111		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	. FULL NAME Shull	om spiker		
	(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. 5		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH march 24 th 1931 (Year) (Year)	
5a.	If married, widowed, or divorced HUSBAND of			
	(or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased fr	6
6. 1	DATE OF BIRTH (month, day, and year)	uh 24 th 1934		ald
-	AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1/12 A m.	
		I day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	tel
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Conquita Hydrocephalics	
OCCUPATION	9. Industry or business in which work was done, as SILK MILL,			
COL	SAW MILL, BANK, etc	I ** * ****		
0	10. Date daceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
	n. '4/44	1. md	Other Contributory Canses of importance:	
12.	(State or country)			
2	13. NAME Stowart She	ber		
FATHER	14, BIRTHPLACE (city or town)	land	Name of operation Date of Date of	
FA	(State or country)		What test confirmed diagnosis? Was there an autopsy?	
IER	15. MAIDEN NAME Kuttle Con	regar.	23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOTHER	16. BIRTHPLACE (city or town)	ugland	Accident, suicide, or homicide? Date of injury, 19	
17.	INFORMANT W. Stewar (Address) widle	t Spiker	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	2/14 24	Manner of injury	
	Place allegany D	Date 9,27 ,1927	Nature of injury	
19.	UNDERTAKER Stewart 86	ile	24. Was disease or injury In any way related to occupation of deceased?	
-	(Address)	0000	If so, specify	
20.	FILED May. 24, 1924	R. Stuken	(Signed) M. M. C.	. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	-	Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	( )		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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BUREAU V 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy1,1923	Gostroenteritis	1 year
			1

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item of	pluods	of occ	
CORD. Every	PHYSICIANS	ict statement	
H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	XACTLY.	in terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	certificate.
LHIS	l be	y be	k of
INK-1	should	it ma	on bac
DING	AGE	so that	ctions
UNFAI	upplied.	terms,	e instru
H	200	ain	Se

TION is very important.

-WRITE PLAINLY

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	46)
County allegany:	Registration Dist. No.
Village or City Combaland	No. 629 h. Mehanie, St., 2 Ward
(If Length of residence in city or town where deeth occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
2. FULL NAME MANY GENTS- do S	Han a
(a) Residence: No. 629(1 B) Preshania	Ct Ward
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR MARRIED (Write tha word)	21. DATE OF DEATH
5a. If married, widowed, ordivorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	223 I HEREBY CERTIFY, Thet I attanded deceased from
and the same	fan , 1933 to March 1 2-19 34
6. DATE OF BIRTH (month, dey, and yeer)  7. AGE Years Months Devs If LESS than	I lest saw h alive on
1 27 7 1 day,hrs.	to have occurred on the date steted above, am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
- N. Trede, profession, or particular	were as follows: Date of onset
kind of work dona, es SPINNER, SAWYER, BOOKKEEPER, etc.	Ma null ha F.
Note the profession, or particular to the profession of the profession to the profession of the professio	artura saludoris
SAW MILL, BANK, etc	Largenon who to
this occupetion (month end spant in this occupetion spant in this	- y whome
12. BIRTHPLACE (city or town) Cumberland O	Other Contributory Causes of Importence:
(State or country) And	
13. NAME Serrey Harmond	
13. NAME Strat Hammond 14. BIRTHPLACE (city of town)	Name of oparetion Deta of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Chile	23. If death wes dua to externel ceuses (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
17. INFORMANT George Stame	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Continued	There is a second of the secon
18. BURGAL, CREMATION, OR MIMOVAY	Manner of injury
Story Dete 9/4 , 193 X	Netura of injury
19. UNDERTAKED TO Stem See	24. Wes disease or injury in eny wey raietad to occupetion of deceased?
(Address) Combaland	If so, specify 7
20. Franch 13, 1934 Valuely N Registrar.	(Signed) M. D. (Address) M. D.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B.—WRITE

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

()	2	2	7	8	
0	-				

1.	County	DEATH Allegany	Wil	HIN CORPO	RATE LIMITS	(Bb-a) Regist	ration Dist. No	4
	Village or City_		cland. 1	(li	f death occurred in a hor		NAME instead of street	
2.	FULL NAME	Charle		mmercamp.		ig in 0.5.11 of foreign bit	rth?yrs	mosas.
	(a) Residence:	No. Cumbe	erland. (Usualplace		St., 5 Wa		esident give city or town	and State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MED	DICAL CERTIFIC	CATE OF DEAT	-
3. SI	Male 4.	COLOR OR RACE White	OR DIVORCE	RRIED, WfDOWED, D (write the word)	21. DATE OF	DEATH Mar	5 1934	, 193(Year)
5a. 1	f married, widowed, HUSBAND of An (or) WIFE of	or divorced nie.E.Sumn	nercamp		22. I H E	EREBY CER	TIFY, That I atten	
6 D	ATE OF BIRTH (mon	th day and year)	Jan. 1.	1869	I last saw hacket	aliva on Mare	ele 5 19 1	death is said
7. A		Months 2	Days 5	If LESS than 1 day,hrs.	to have occurred on the PRINCIPAL CAL	the date stated above, at. USE OF DEATH and relat	5. Pmm.	
CUPATION	8. Trade, profession, or particular kind of work dona, as SPINNER, House Plaster SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.				were as follows:	ture feli	+ Finner	Date of one of 2 2 2 3 4
8	10. Date deceased last worked et this occupation (month and year)					auses of importance:	T	0
12. 1	(State or country)		Md		Mys	cardila		
ER _	13. NAME C	harles.F.	Summerc	amp.				
FATHER	14. BIRTHPLACE (cit (State or cou		Holand		Name of operation What test confirmed	4Pl	Date of Date	of an au'opsy?
ER	15. MAIDEN NAME	Elizabeth	.Buckey	7	23. If death was due to	external causes (VIOLE	NCE) fill in also the follo	
MOTHER	16. BIRTHPLACE (cit (State or cou		Holar	nd		homicida?	Date of injury 7	-2. 193. Y-
17. 1	NFORMANT K	athren. Po			(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			Stale) PLACE.
18. E	BURIAL, CREMATION Place ROS	OR REMOVAL Se Hill	Date_Mar	7.19,34	Manner of injury	ell down	while week. Raft few	Cottons John
19. (	UNDERTAKER	ohn.C.Wol Cumbe	ford rland.	Md	24. Was disease or inj	jury In any way related to	o occupation of deceased	
20. 4	March	6. 37 Har	we H	Meias Registrar.	(Signed) (Address	Cumbe	land, W	M. D.
		If more	Manks are needed,	address State Registrar,	, 2411 N. Charles Street,	Baltimore, Requesting U.	S. No. 1.	7

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE F	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

BINDING

RESERVED FOR

MARGIN

Reynolds

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Registrar.

(Signed)

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(Year)

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· Chart			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Other contributory causes of importance:		Other contributory causes of importance:	
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TION is very important.

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B.—WRITE

V. S. No. 1

# STATE OF MARYLAND—CERTIFICATE OF DEATH

02283

1. PLACE OF DEATH	-	73	,
County Mlegan	WITHIN CORPO	Registration Dist. No.	4
Village or City Lambe	Eland	No. / 7 3 Alexander St., of death occurred in a hospital or institution, give its NAME instead of street and	⊗ Ward
Length of residence in city or town where de	eath occurredyrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and sds. How long In U.S. if of foreign birth?yrs	number) mosds.
2. FULL NAME Vira	Triblett		
(a) Residence: No. 123 44	(Usual place of abode)	St., Ward.  If nonresident give city or town an	1 6
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	id State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH may.	2021/
5a. If married, widowed or divorced	married	(Month) (Day)	(Year)
HUSBAND of fayne.	Inflets	22. THEREBY CERTIFY, Thet I ettendary	d deceased from
6. DATE OF BIRTH (month, day, and year)	Now 1881		; deeth is seld
7. AGE Years Months	Days If LESS than 1 dey,hrs.	to have occurred on the data stated above, at	
Worlt 46	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wera as follows:	Data of onsat
Trade, profession, or particular kind of work done, as SPINNER,	mounite	g dular cularen of	about
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at this excuration (month and	0171	Lung":	1932
work was done, as SILK MILL, SAW MILL, BANK, atc	of Ame.		
10. Data deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
0.	nr	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	Va.	Joxin Combiling du	
13. NAME 16. Par	M	- Both	
13. NAME O	11 1/	Name of operation Date of	
(State or country)	M.Va.	What test confirmed diagnosis? Wes there en	nutanau?
15. MAIDEN NAME Annah  16. BIRTHPLACE (city or town)	I Crawford.	23. If death wes due to external causes (VIOLENCE) fill in also the followin	
5 16. BIRTHPLACE (city or town)	200	Accidant, suicide, or homicide? Data of injury	T
E (Stata or country)	4. Va.	Whare did injury occur?	
17. INFORMANT Hayre In	fitt	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ite) LACE.
Place Issa Atta /	Vac 3/5 1934	Manner of injury	
19. UNDERTAKER Lamoster	w Ine.	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	Luland	If so, specify	
20. FILE March 5 1934 Fax	weed Oters	(Signed) Shall Iv of and	, M. D.
	Registrar.	(Address) were freed my	//

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

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FRANTZ

1.	PLACE OF DEA	TATE OF		LAND—			OF DEA	02	Franty 284
	Village or City					MEMORIAI	ution, give its NAM	IE instead of street an	
	Length of residence in ci	ty or town where death	occurred	yrsmos	sds.	How long in U.S. if	of foreign birth?	yrs	_mosds.
2.	(a) Residence: No	ALBEF PRINCET	RT VALE ON STR (Usual place of	EET	St.,	Ward. CUN	BERLAND If nonresiden	), MD.	and State
	PERSONAL AN	D STATISTICA	L PARTIC	CULARS		MEDICAL C	ERTIFICAT	E OF DEATH	
3. S				1ED, WIDOWED, (write the word) D	21. DAT	March	26, (Month)	(Day)	, 193 4 (Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of MI	nced NNIE PENN	INGTON		22. Bo	I HEREB	Y CERTIF	That I attend	ed deceased from
6. D	ATE OF BIRTH (month, de)	y, and year)	UST 19	1870	H	elive on urred on the date stat		26 ,192	4. death is said
7. A	GE Years 63	Months	Days	If LESS than 1 day,hrs.	The PRINC	IPAL CAUSE OF DEA			
	8 Trade, profession, or pa	articular		ormin.	were es fol	lows:			Date of onset
OCCUPATION	9. Industry or business in	which	RATED	ELEVATOF	m	MO CEN	delio	Ohm	u 143.
ก็ว	work was done, as S SAW MILL, BANK, o	SILK MILL, etc				/		*	
0	10. Dato deceased last wor this occupation (moyear)	nth and		ne (years) in this pation			*****		
12.	BIRTHPLACE (city or town) (State or country)	PENNSY	IVANIA		Other Cont	Proces		Chron	e 1934
ER	13. NAME H	ENRY VALE	NTINE						
FATHER	14. BIRTHPLACE (city or to (State or country)	own) MAF	YLAND			eration			
H H	15. MAIDEN NAME MA	RY PAXTON				was due to external ca			
MOTHER	16. BIRTHPLACE (city or to (State or country)	own) MAR	YLAND		Accident, su	uicide, or homicide?			
17.INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND, MARYLAND					Specify who	ether injury occurred	(Specify city of in INDUSTRY, In H	or town, county and S IOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Gree. Mount Dete Mar. 28.1934					Manner of i	injury			
19.	(Address)	ohn.C.Wol		Mhe:		ase or injury in any-		pation of deceased?	No.
29	Godell 27.	107 Aga	ruey!	Registrar.	1	(Address)	when	and 1	and

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Example I	15	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis - Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	4 2 8	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 02285
1. PLACE OF DEATH	960
County allegance SLIMIT SIVEC	Registration Dist. No.
Village or City Celcularland	No. Fort Communicated Note 5 Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Legge Woods  (a) Residence: No. Philippe Phil	(e.C.)  (a. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATHWARES 19 193 4 (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of Nell Bartley	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Seff, 140 1879	I last saw h allve on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4
54 6 5 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER.	J
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Mugini Teclous 3.183
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceased last worked at this occuration (month and	
10. Dato deceased last worked at this occupation (month and spent in this	
this occupation (month and spant in this occupation coupation	
12. BIRTHPLACE (city or town). Scallaced	Other Contributory Causes of Importance:
(State or country)	
13. NAME Gerar/ Waddell.	
13. NAME Sergy Waddell  14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? (
15. MAIDEN NAME Clicabeth Bleastes	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Clyabeth Bleasks  16. BIRTHPLACE (city or town) Slaager	Accident, suicide, or homicide? Date of injury19
(State or counity)	Where did injury occur?
17. INFORMANT Mes New Waddell (Address) Phillips And Dell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Milliffe N. Vapate Mar 21, 1934	Nature of Injury
19. UNDERTAKER Louis Allew due (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FRanch 19, 193 4 Barney & Registrar.	(Signed) (Address) (Address) (Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CTATE OF MADVI AND

CEDTICICATE OF DEATH

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
THORAU V. S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

No. Memorial Hospital St., — Ward cath occurred in a horpital or institution, give its NAME instead of street and number?  Ads. How long in U.S. if of foreign birth?	POPATE.	13411	Registration Dia	st. No	4
St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  March  (Month)  (Day)  (Year)  1 HEREBY CERTIFY, That I attanded deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	No.	Memorial	Hospita	I St., C	
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  March  (Month)  (Mo					
If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  March  (Month)  (Mo	er	1:04	A.M.		
March  (Month)  (Month)  (Day)  (Month)  (Day)  (Year)  22. I HEREBY CERTIFY. That I attanded deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	St.,	Ward.	If nonresident giv	e city or town a	nd State
March (Month) (Day) (Year)  22. I HEREBY CERTIFY, That I attanded deceased from 19 to March 19 3/4  I last saw h alive on 19 death is said to have occurred on the data stated above, at OH Comm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oute of onset  Other Contributory Causes of importance:  Name of operation.  Oale of What test confirmed diagnosis?  Was there an au'opsy?  23. If death was dua to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?  Date of injury, 19  Where did injury occur?  (Specify city or town, county and State)		MEDICAL CE	RTIFICATE O	OF DEATH	
(Month) (Day) (Year)  22. I HEREBY CERTIFY. That I attanded deceased from 19 19 10 19 25 1	21. DATE				
I last saw h		Mar		б <sub>у</sub> (Day)	, 193 <u>4</u> (Year)
I last saw h	22.	HEREBY	CERTIFY.	That I attande	d deceased from
to have occurred on the data stated above, at		, 1	19, to	Mare	KG19.34
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oute of onset  Oute of onset  Other Contributory Causes of importance:  Name of operation					; death is said
Other Contributory Causes of importance:  Name of operation	to have occur	red on the data stated	above, at 60H	Qm.	
Other Contributory Causes of importance:  Name of operation	The PRINCIP	AL CAUSE OF DEATH	and related causes	of importance	1
Name of operation	1	1-000	7		Oate of onset
Name of operation	00	acce.	den		
Name of operation			P		
Name of operation					
Name of operation					
Name of operation	Other Contrib	ntory Causes of import	tance:		
Name of operation					
Name of operation					
What test confirmed diagnosis?					
What test confirmed diagnosis?	Name of opera	ation		Qale of	
23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	What test con				
Accident, suicide, or homicide?					
Where did injury occur? (Specify city or town, county and State)					0
(Specify city or town, county and State)	1		***************************************	o or injury	, 2
Specify whether injury occurred in INDUSTRY, in NUME, or in PUBLIC PLACE,			(Specify city or to	wn, county and Si	tate)
8 ************************************	Specify wheth	er injury occurred in	INDUSTRY, IN HOME	, or in Public F	LAUE.
Manner of Injury	* ttomas of lat				
Nature of injury					
24. Was disease or injury in any way related to occupation of deceased?			y related to occupation	on of deceased?	
If so, specify			0 14		
(Signed) To ailey Auntly M. D.		and for all all	day the	and l	M. D.
(Address) That fire the fire	1 (4	(ddress)	sking	san Is	

Dr. Hunter

Registrar.

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Vos (* 1837					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND GERTIFICATE OF DEATH 1. PLACE OF DEATH should Registration Dist. No Village or City\_ (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?. Length of residence in city statement PHYSICIAN (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR MACE. 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DEVORCED (wiff the word) ma PERMANEN (Year) 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of × certificate. 6. DATE OF BIRTH (month, day, and year) proper 7. AGE Months Days If LESS than 1 day, ..... hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER. jo SAWYER, BDDKKEEPER, etc.. back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc .... on 10. Date deceased last worked at 11. Total timo (years) this occupation (month and spant in this that occupation instructions Other Contributory Causes of importance supplied terms, FATHER See 14. BIRTHPLACE (city or town) Name of operation ... in plain (State or country carefully What test confirmed diagnosis?\_ OTHER important. 23. If death was due to external causes (VIDL ENCE) fill in also the following Accident, suicide, or homicide? 16. BIRTHPLACE (city or town) Where did injury occur?\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods OF Manner of injury mation Nature of injury CAUS NOIL 24. Was disease or Injury in any way related to occupation of deceased: If so, specify (Signed). Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

RESERVED

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAR	2 2000-200			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	ORATE LIMITS®
County Allegany WITH CORE	Registration Dist. No.
Village or City Complexand	No. 309 Cotton St., 5 Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	
2. FULL NAME ama & Wel	sh
(a) Residence: No. 309 Ucha	St., 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DIVORCED (surine the word)	21. DATE OF DEATH  Resall (Month) (Day) (Year)
HUSBAND of (or) WIFE of Chap. 975- Hulsh.	22. I HEREBY CERTIFY, That I attended deceased from abril 105/ to Muses the 105/
5. DATE OF BIRTH (month, day, and year) afrest 1872	I last saw half alive on Mass H 1984 death is said
7. AGE / Years Months Days If LESS than	to heve occurred on the date stated above, et 10.00 m.
armf 6/ I dayhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	Carerionia of live Date of onset
SAWYER, BDDKKEEPER, etc.	Dishtes Melliting. 1931
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
1D. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dibas Cashillata Commedia
12. BIRTHPLACE (city or town) // mohester	Dther Contributory Causes of importance:
(State or country)	
13. NAME atrice darin	
14. BIRTHPLACE (city or town)	Name of operation Asset Date of Date of
(State or country)	What test confirmed diagnosis? Blood & Municipal there an autopsy? NO
15. MAIDEN NAME THAN BRANCH	23. If death was due to externel causes (VIDLENCE) fill in also the following:
16, BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17, INFORMANT Chase 2. Milsh	Where did injury occur?
(Address)	
18. BURIAL, CREMATION OF REMOVAL Place Proces 1, 1934	Manner of Injury
19. UNDERTAKER Lomo Stung Ize of	24. Was disease or injury in any way related to occupation of deceased? 220
20, File larch 6, 193 & Parmer Mens	(Signed) M. Omfafel M. D.
Registrar.	(Address) 41- gellet of Cempelough my

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1	T.	Example 11	
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis > 6   934	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUDGALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN	ě
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N. B.-WRITE

V. S. No. 1

	STATE	OF	MARYLA	ND-CERTIF	FICATE	OF	DEATH	
-					101			

0	60	1)	0	0
U	6	4	0	J

:	I. PLACE O	F DEATH	01 1				283
	County Village or C	ALLEGANY city CUMBE	ERLANI	MD,		PRATE LIMITS Registration Dist. No.  RIATO HOSPITAL  death occurred in a hospital or institution, give its NAME instead of street and n	
	Length of resi	idence in city or town whe	re death occi	urred		T9ds. How long in U.S. If of foreign birth?mo	
	2. FULL NA	ME ESSIE W	ILLIS	3			
	(a) Residen	ce: No. SHAI	MAR 1	D. sual place of	f abode)	St., Ward.  If nonresident give city or town and	State
	PERSON	IAL AND STATIS	STICAL	PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.	FEMALE	4. COLOR OR RACE WHITE	S. SING	LE, MARE DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH  MARCH 19, 1934  (Month) (Day)	, 193 (Year)
5a	. If married, widow HUSBANO of (or) WIFE of	JOHN WI	LLIS			22. I HEREBY CERTIFY, That I attended of Mar 1 36/19 to Mar 19/	deceased from
6.	DATE OF BIRTH	(month, day, and year)	DEC.	4.19	903	200 10/201	; death is said
	AGE Yea			Days	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at II; 40n. P.M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
NOI	8. Trede, profe- kind of v SAWYER.	ssion, or particular work done, es SPINNER, BOOKKEEPER, etc	HOUSI	E WIF		acute myseardet	Date of onset
OCCUPATION	9. tndustry or work wa SAW MIL	business In which s done, es SILK MILL, L, BANK, etc				Cette Ingotation	
00	10. Date deceas this occu year)	ed last worked at pation (month end	1	1. Total tip span occu	ne (years) t in this pation	Other Controllers Controllers described	
12	BIRTHPLACE (ci	, ,	YLANI	)		Other Contributory Causes of importance:	
ER	13. NAME	BERKEY LEW	IS				
FATHER	14. BIRTHPLACE	(city or town) P	ENNS	ZLVAN	IIA	Name of operation	n'oney?
ER	15. MAIDEN NA	MARY DI	ETRI	CK		23. If death was due to external causes (VIOLENCE) fill in also the following	
MOTHER	16. BIRTHPLACE	(city or town)	ARYLA	IND		Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17	.INFORMANT (Address)	MEMORIAL H CUMBERLA	OSPII ND, MI	'AL		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLA	iCE.
18	BURIAL, CREMAT	They bill	Dete	ma	cf221934	Manner of injury  Nature of injury	
19	UNDERTAKER (Address)	Otha F.	Sha	ret	gss	24. Was disease or injury in any way related to occupation of deceased?	
29	Marce	120,1934 7	arus	47	Marca Registrar.	(Signed) Angle Reynords.	M. D
1					Aegistrar.	" (nigress)	

DR. REYNOLDS

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
ALDEAL V.S.					
Other contributory eauses of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

Village or	Alleganyn City Cumberla	and Md.	(IIII CORP		give its NAME instead of street	4 Wai and number)
2. FULL NA (a) Reside	62 /22	mar Md.	Millin	St., Ward.	If nonresident give city or tow	
PERSOI	NAL AND STATIST	TICAL PARTIC	CULARS	MEDICAL CER	TIFICATE OF DEAT	'H
3. SEX Male	4. color or RACE White	5. SINGLE, MARI OR DIVORCED Sing	(write the word)		cch 7,	, 193 4 (Year)
5a. If married, wido HUSBAND of (or) WIFE of	wed, or divorced				ERTIEY, That I atte	,
6. DATE OF BIRTH	(month, day, end yeer)	March 7		I last saw h con	nan 7 ,6	3. Y, death is sa
7. AGE Ye	ars Months	Days	If LESS than  1 day, 2 hrs.  ormin,	to heve occurred on the date stated ab The PRINCIPAL CAUSE OF DEATH at were as follows:	/	Date of ons
SAWYE	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc.			Constantur	15 m	Date of ons
9. Industry or work w	business in which as done, as SILK MILL, ILL, BANK, etc					
O 10. Date decee	sed lest worked et upation (month and	11. Total ti span ocau	me (yeers) t in this pation			
12. BIRTHPLACE (c	city or town) Cum	berland egany Co	Md.	Other Contributory Causes of importan	ce:	
当 13. NAME	John Wi	llis				
	E (city or town) We	st Virgi		Name of operation What test confirmed diagnosis?		
15. MAIDEN N	AME Chair	Berkey	/	23. If death was due to external causes		
	E (city or town) Mar	yland <b>I</b>		Accident, suicide, or homicide?  Where did injury occur?		
17. INFORMANT (Address)	Memorial H Cumberlan	ospital d Md.		Specify whether injury occurred in IN	(Specify city or town, county ar DUSTRY, In HOME, or in PUBL	
	TION, OB, REMOVAL	enpate 3 -	10 - 1994	Manner of injury		2 tr tr c
19. UNDERTAKER _ (Addiess)	0.7	harple	W. Na	24. Was disease or injuly in any way r	Λ	d?
20, FILED Mas	ch 9,134 00	army XV	Registrar.	(Signed) (Address)	he Jeype	A M

Every item of infor-

FOR BINDING

MARGIN RESERVED

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RESERVED

MARGIN

(Address)

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BUREAU V. S.					
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Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	(210-9)
County Allegany. UILY LIM	Registration Distano.
Village or City Combuland	No. C+ Pky Coosing of harness of. Ward
	death occurred in a hornital or institution, give as NAME instead of freet and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Juse maling	
(a) Residence No. (Usual place of abode)	St., Ward. Company State and If no gree city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB, RACE OR DIVORCED (write the word) 5a. If marriad, widowed, or divorcad	21. DATE OF DEATH  (Month)  (Dey)  (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded dacassed from
6. DATE OF BIRTH (month, day, and year) Abril 1813 7. AGE Years Months Days If LESS than	I last saw h alive on, 19, 19, 19; daath is said to have occurred on the date statad above, at 11
I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. + A	Other internal enjuree 34
- Jack construction (mouth and	Skull-
12. BIRTHPLACE (city or town) Clearfuled Company (Stata or country)	Othar Contribatory Causes of Importance:
13. NAME Alahar Angling  14. BIRTHPLACE (city or town)	
(Steta of country)	Neme of operation Date of What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Any Islamon.  16. BIRTHPLACE (city or town)	23. If death was due to extarnal causes (VIOLENCE) fill in also the following:
O Stata or country)	Accident, sujeide, or homicident least Date of injust 1, 1974, 1974 Whare did injury occur? Creating Ditt Sauge (Specificity or town, county and State)
17. INFORMANT Hany I graphy (Address) Wasting Par	Spacify whather injury occurred in INOUSDRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Graff Hage limbate now 29,1934	Nature of Injury Crushed Cheat
19. UNDERTAKER Some Stein Inc. (Addiass)	24. Was disease or injury in any way ralated to occupation of daceesed?
20 Aberel 28, 134 Harrey & Mens	(Simplexue Of Paul Frank P. Myo.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago DELESSAEL V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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